15/5/2010

INS. CASE OWNER: | CC 4 /AIG1802 2099 / AE R62 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 20/12/18.

Registered in Merimen: 26/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFQ 3081K | Claim No. : 4015461678584

Name of Insured : KWEK HEE KHOON | Policy No. : 2004AU2-03

Insured Tel No. : ______ HP: ______ | Make / Model : NISSAN

Excess Sec II :S$ ______ D.O.A : 20/12/18 | Place of Accident : 1mm Building cp.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SKE2697E → ______ → ______ → ______

INSRS: WSP: Autoworx Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
2/1/19	SKE2697E – X SFQ3081K – Y	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
LHT.		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
11/3	TP busy, to call back again.	**Documentation Check List: Handler**	**Typist**
12/3	Email send to admin@supreme.sg to get TP video footage.	Notification ltr (if non-pickup): ☐	☐
3/4/19	Reminder email send to TP.	After call ltr to OI: ☐	☐
		Authorisation To Act: ☐	☐
12.12.19	WORKSHOP INFORM CLAIMANT DID NOT SENT IN FOR SURVEY / REPAIR.	Release Voucher: ☐	☐
		Final Repair Bill: ☐	☐
		Car Rental Invoice: ☐	☐
12.12.19	EMAIL AIG TO INFORM NO SURVEY.	Towing Invoice ☐	☐
		LTA / GIA : ☐	☐
12-12-19	CANCLE CASE DUE TO NO SURVEY DONE.	Medical Bill: ☐	☐
Y		PIR: ☐	☐
		Mandate/Reject Instruction: ☐	☐
		LOD ☐	☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐	☐
		Others: ☐	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	**[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	