

15/5/2010

INS. CASE OWNER:

CC

Y/AIG1802 3099, 82
063

LKK:

IDAC:

ASSIGNMENT

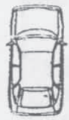
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$

Is driver the owner?

(YES / NO)

HP:

D.O.A.:

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

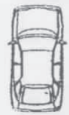
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SFE 2692E



INSRS:

WSP:

Tel:

Liability:

RMKS:

PMT WORK



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time			STAGE	DATE / PIC
3/1/19	SFE 2692E - X	SFE 2692E - X	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Handler	Typist
11/3	TP ltr to call back again.		Notification ltr (if non-pickup)	
12/3	Email send to Admin@supreme.sg to get TP video footage.		After call ltr to OI:	
3/4/19	Reminder email send to TP.		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	CANCEL CASE DUE TO NO SURVEY DONE.		Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
			Post-Repair Photos:	
			Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(days) Reduction:	%
			Email ☐ Call ☐

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