15/5/2010

INS. CASE OWNER: MAY | CC 4/AIG1900 8211 / T.K.P | LKK: / IDAC:

ASSIGNMENT

Surveyor: Tun Tien. DOI: 10/5/19 Date / Time : 9/5/19

Registered in Merimen: 9/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 6964H Claim No. : 5137105 97154

Name of Insured : ASSET UMO Policy No. : AUA94338.

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 6/5/19. Place of Accident : WEST COAST HIGHWAY.

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

If **NO**, Driver Name / Age : SIM KIE CHER. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

FE 6565A → →

INSRS: pang WSP: Tel : Liability : Scooter RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FE6565A } NBA/AIG19008014Y OUT: 6/5/19
	SJE 6964H } NBA/INC19009844Y
6/7/2020	Already finalise Pending LOD
25/3/2021	→ AIG received PD LOD.
	→ Submit up to AIG.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	— 10/6/19
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/Sum S$ 3700.00 (5. days) Reduction: 33. % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : (CONFLICTING VERSIONS)
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ (S x days)	
Loss of Income (LOI):	S$ (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 (UP)
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $290.00
Total:	**S$** **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: