

INS. CASE OWNER:

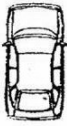
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SGD 1118J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 14/05/2019

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

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

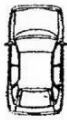
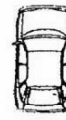
Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMF 7704X

INSRS:
WSP: HOCK WAH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
04.05.20	Email to AIG to inform that claimant did not sent in the vehicle for survey / repair till date.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
04.05.20	**CANCEL CASE AS NO SURVEY DONE.	Notification ltr (if non-pickup):	
		Call OI:	
22-05-20	cancel case No survey done	After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$

S\$

(

days) Reduction:

%

Email ☐Call ☐**FINAL SETTLEMENT**

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability: %

S\$

(Agreed / Assessed) BOB 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\$

(\$

days)

LOR only ☐LOU only ☐LOR + LOU ☐+ LOI ☐

[Tick only one]

GIA/LTA Search \$

S\$

Medical: \$

S\$

Disbursement: \$

S\$

Legal Cost \$

S\$

Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: