15/5/2010

INS. CASE OWNER: CC 6 /AIG1901 1434 / 463

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/6/19.

Registered in Merimen: 27/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJS 3641C

Name of Insured : EZ - SWIFT CAR RENTAL & LEASING PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 23/6/19.

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

If **NO**, Driver Name / Age : KARAM SINGH.

Driver Tel No. : (V/L: YES / NO)

Claim No. : 959182272856

Policy No. : 9999943355

Make / Model : HYUNDAI

Place of Accident : SERANGOON RD.

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

Insured Liability : % **Final ? Yes / No**

SMG 2016B → _____ → _____ → _____

INSRS: WSP: Tel : Liability : RMKS: optima

INSRS: WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMG 2016B - X SJS 3641C - X
18/7/19@ 3pm - Khaching	* O/ MAKING COUNTER CLAIM. O/C(O-REP: MR. LESTER) INFORMED THAT THEY APPOINTED (NEW HOCK TECK WISHOP).
	⇒ SENT E-MAIL REQUEST O/ COUNTER CLAIM STATUS TO (NEW HOCK TECK)
18/7/19 2020 Khandhe	AIG Bernie instruct close, no development Survey done: HC in drawer for QA.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7 18/7/19 dandan
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: P/P S$ (4 days) Reduction: 860.01/24 % 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) * PIR: no substantive reply

Loss of Use (LOU): S$ (S x days) AIG to close no development.

Loss of Income (LOI): S$ (S x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[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: LP

Legal Cost S$ 3) Survey fee: $250

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:	