15/5/2010

(SU-1148)
(SUW-1149)

INS. CASE OWNER: NORSIAH | CC 3 /AIG1901 3019 / 163 | LKK: IDAC:

ASSIGNMENT

Surveyor: ________ DOI: ________ Date / Time : 12/7/19

Registered in Merimen: 12/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBG 9154A	Claim No. :	5994104129SG
Name of Insured :	LE WANG TRADING P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 22/7/19.	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**

SLL 1842A → ________ → ________ → ________

INSRS:	INSRS:	INSRS:	INSRS:
WSP: premium	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SLL1842A - X GBG9154A - X	
	- NO OI GIA, SENT OUT 1ST LETTER	
24/09/19	- TP WITHDRAW CLAIM	
	- WILL HANDLE THE MATTER ON THEIR OWN	
	- EMAIL TO AIG TO INFORM & ALSO	
	- TO CANCEL CASE	
24-9-19	TO CANCEL NO SURVEY.	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	16/08/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	10/09/2019
Notification ltr (if non-pickup):	
Call OI:	
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:	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)		CANCELLED CASE NO SURVEY
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$**	**Global Sum S$:**	4) RA fee: $2.54 x 2
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	