15/5/2010

INS. CASE OWNER: CC 6 / AIG 190 14040 / K pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13/8/19

Registered in Merimen: 13/8/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SML 4203M

Name of Insured : JAMBULIGA SAVAN VIJAYAKUMAR

Insured Tel No. : _____ HP: _____

Excess Sec II :SS _____ D.O.A : 11/8/19

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

(V/L: YES / NO)

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

SLN 5306 H → _____ → _____ → _____

INSRS:
WSP: Hockwan
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLN 5306 H - X ; SML 4203 M - X
3/12/2020	NO SURVEY. EMAIL SENT TO INFORM AIG
Khanchna	CANCEL

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	14/11/19

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:	If NO or B 28, Ass. Lia :
Repair Cost:	S$			CONFLICTING VERSIONS.
Loss of Rental (LOR):	S$	days)		OI - TP CHANGE LANE
Loss of Use (LOU):	S$ ($	days)		TP - OI CHANGE LANE
Loss of Income (LOI):	S$ ($	day		
LOR only ☐ LOU only ☐ LOR + LOU ☐				[Tick only one]
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$		Tow/ Independent)	2) Report Format: -
Legal Cost	S$			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:	