CC3/AIG19015535/ka3

15/9/2019

INS. CASE OWNER: CC [redacted] /AIG1900 /

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SBL 2222B

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 31/08/2019

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

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

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

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

INSRS:
WSP: TP
Tel :
Liabili
RMKS:

SMC 9816J
PERFORMANCE

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
9/6/2020	AIG received subrogation claim asked us submit WP. No survey done. Informed AIG the same and no bill.
18-06-20	CANCEL THE FILE. NO SURVEY DONE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Noufication 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/Tim Confirm with Email ☐ Call ☐

Final Liability: % (Agreed / Assessed) S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S$

Loss of Rental (LOR): S$

Loss of Use (LOU): S$ (ys)

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

LOR only ☐ LOU only ☐ LOR + LOU ☐ LO ☐ [Tick only one]

GIA/LTA Search S$

Medical: S$

Disbursement: S$ ow/ Independent)

Legal Cost S$

Total: S$ **Global Sum S$:**

NO SURVEY. NO BILL

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: —

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:	