15/5/2010

INS. CASE OWNER: BENNIE | CC 6/AIG1901 6009, Ahhz. | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian. DOI: 9/9/19 Date / Time : 9/9/19

Registered in Merimen: 10/9/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 210H Claim No. : 0289870313SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/9/19. Place of Accident :

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLZ 7201L →

INSRS: Kang. WSP: Tel : Liability : RMKS:

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Date/ Time	
	SLZ 7201L-X SMN 210H-X
	Reject Case By (staff) : VIC Approved by : [illegible] Date : 20-04-20
	AIG APPROVED TO REJECT TP CLAIM BASED ON OI VIDEO FOOTAGE.

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:	

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)	OI VIDEO IN. OI VEHICLE TURNING WITHIN LANE
Loss of Use (LOU):	S$ --	($ x days)	
Loss of Income (LOI):	S$ -	($ x days)	NO SETTLEMENT, REJECT TP CLAIM
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:
Legal Cost	S$ --		3) Survey fee: $320.00
Total:	S$ -	**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: —	