15/5/2010

INS. CASE OWNER: CHAN KIAN MENG CC 4/AIG1901 6501 / 663. | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/9/19.

Registered in Merimen: 18/9/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMJ 4662G. | Claim No. : 6999036M5G

Name of Insured : TEO BEE LIANG. | Policy No. : 190001191

Insured Tel No. : _____ HP: _____ | Make / Model : MERCEDES.

Excess Sec II :S$ _____ D.O.A : 12/9/19. | Place of Accident : BKE

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**

SMJ 4662G → SGB 4741A → SJX 6437P → SLB 7646L

INSRS:
WSP:
Tel :
Liability :
RMKS: 61

INSRS:
WSP: Cheng Hoe
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGB 4741A — X SMJ 4662G — X
	- OI VIDEO UPLOADED BY AIG IN WEBPICWEB
20/09/19	- FILE REVIEWED. OI INVOLVED IN A 4 VEH. C.C. & WAS THE LAST CAR & REAR-ENDED TP. AGREED ON OI FOOTAGE, TP LIKELY HIT FRONT CAR FIRST. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- EMAIL LIABILITY CLERK
26/10/2020.	NO survey / cancel case

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:	20/09/19 - VK

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:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100% (4 VEH - C.C.; OI LAST)
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	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:
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:	