15/5/2010

INS. CASE OWNER: CC 3 /AIG1901 7587, eb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 7/10/19

Registered in Merimen: 7/10/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG 6566C

Claim No. :

Name of Insured : TAN SAY HIONG

Policy No. : 18001019620-01

Insured Tel No. : HP:

Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 4/10/19.

Place of Accident : GRANGE RD X KILLINEY RD

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

SKL 4937M → →

INSRS:
WSP: performance
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKG 6566C } NA/AIG1901709818/13 DOA:4/10/19
	SKL 4937M }
09.10.19	EMAIL WSP TO REQUEST FOR EVIDENCE.
21.02.20	INFORM AIG CLAIMANT DID NOT SENT IN THE VEH FOR SURVEY OR REPAIR.
21.02.20	CANCLE CASE DUE TO NO SURVEY DONE.
21.02.20	CANCLE 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:	

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: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

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)	
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:	