15/5/2010

INS. CASE OWNER: CC 3 /AIG1901 7701, KK67 | LKK: | IDAC:

ASSIGNMENT

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

Registered in Merimen: 8/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 2080K Claim No. : 1875MV7754

Name of Insured : Um SIEW PING Policy No. : 180003889-01

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 2/10/19. Place of Accident : SIMS AVE AT YISHUN BOX

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**

SHD 5965S. →

INSRS: Trans Cab
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 5965S – X SJE 2080K – X
	*Requested OI video.
9/9/2020 Khanchua	AIG - approved to reject. Liability down for TP under BOLA 31.
10-09-20	To close.
	Reject Case By (staff) : Khanchua Approved by : Um Date : 10-09-20

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:	% 0	(Agreed / Assessed) BOLA S/N No. : NIL
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$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$	**Global Sum S$:**

If NO or B 28, Ass. Lia : 0

Reject claim - survey done

1) Claim status: ~~Normal~~/Reject/~~Private Settle~~

2) Report Format:

3) Survey fee: $320

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:	