15/5/2010

INS. CASE OWNER: JIMMY FOO | CC4/AIG19019793/Qda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OSP DOI: 07/11/2019 Date / Time : 06/11/2019

Pre-assign / CCU / FTE Registered in Merimen: 08/11/2019

Insured Vehicle No. : SMG 2874R Claim No. : 3560773443SG

Name of Insured : Yang YanQiu Policy No. :

Insured Tel No. : HP: 83030593 Make / Model :

Excess Sec II :S$ D.O.A : 15/10/2019 13:45 Place of Accident : WOODLANDS CHECKPOINT

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

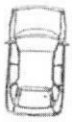
If NO, Driver Name / Age :

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

Insured Liability : % Final ? Yes / No

SFJ 9688H → → →

INSRS:
WSP: ENTERPRISE
Tel : ONE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFJ 9688H - X SMG 2874R - X
12/11/2019	OINR. To send out first letter. File pass to Su Li.
17/02/2021	PLEASE REFER TO VIEWS FOR DETAILS
	*REJECT CASE AS PER AIG INSTRUCTION

Reject Case
By (staff) : Jasmin
Approved by : Yan
Date : 11-02-21

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: P/P S$ 827.85 (2 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05.01.2021 Confirm with MAY Email ☑ Call ☐

Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :
Repair Cost:	S$	If NO or B 28, Ass. Lia :
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 + LOI ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$ (e.g. Tow/ Independent)	1) Claim status: ~~Normal~~/Reject/~~Waive to Settle~~
Legal Cost	S$	2) Report Format: TP
Total:	S$	3) Survey fee: 320.00

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:	