15/5/2010

Gbb3 ~~9WP~~

INS. CASE OWNER: CC 4 /AIG1901 0 0 5 1 / LKK: ___ IDAC: ___

ASSIGNMENT

Surveyor: ___ rGQ ___ DOI: 17/11/19 Date / Time: 17/11/19 Registered in Merimen: 17/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 7970 X Claim No. : ___
Name of Insured : ___ Policy No. : ___
Insured Tel No. : ___ HP: ___ Make / Model : ___
Excess Sec II :S$ ___ D.O.A : 31/10/19 Place of Accident : ___
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**

SMF 3201 G →

INSRS: Blnz	INSRS:	INSRS:	INSRS:	
WSP: Bodywork	WSP:	WSP:	WSP:	
Tel :	Tel :	Tel :	Tel :	
Liability :	Liability :	Liability :	Liability :	
RMKS:	RMKS:	RMKS:	RMKS:	

SMF 3201 G — X   SLV7970X — X

Date/ Time		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:	☐	☐

19/02/2021 SUBMIT WP REPORT TO AIG ,
NO DEVELOPMENT FROM TP

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___
Repair Cost: L/S S$ 1,200.00 (2 days) Reduction: 40 % 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)
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~~ WP
Disbursement: S$ ___ (e.g. Tow/ Independent) 2) Report Format: ___
Legal Cost S$ ___ 3) Survey fee: $250.00
Total: S$ ___ **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: ___