15/5/2010

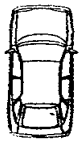
INS. CASE OWNER: Tan, Bennie | CC4/AIG19022708/Kda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 24/12/2019 Date / Time : 24/12/2019

Registered in Merimen: 26/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 6885H Claim No. : 0410989699SG

Name of Insured : HAPPE INTERIOR & DESIGN Policy No. : 1800053167

Insured Tel No. : HP: Make / Model : AUDI Q2/ Q2 SPORT 1.0 TFSI S TRONIC

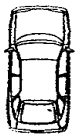
Excess Sec II :S$ D.O.A : 21/12/2019 18:55 Place of Accident : FILTER LANE FROM PIE TOWARD CTE (CITY)

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

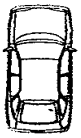
If **NO**, Driver Name / Age : ONG CHOO YIH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-82223466 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

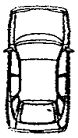
SLK 1780A → → →



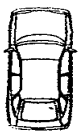
INSRS:
WSP: ESTEEM PML
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLK 1780A - CC4/ASM19005157/Kga3; DOA: 20.3.19	**STAGE** **DATE / PIC**
	- CS/INC19013052/Ktf3n2; DOA: 12.7.19	Non-Reporting ltr (1st):
	SLN 6885H - CC3/AIG18021880/Asbe2; DOA: 22.10.18	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
***	AIG delay assignment.	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		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 + LOI [**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:	