15/5/2010

INS. CASE OWNER: CC 6 / AIG 2000 0468 / Aes3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 6/1/2020 Date / Time : 6/1/2020

Registered in Merimen: 7/1/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLZ8492G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 3/1/2020 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**

SLZ8492G → SGN1837 → SML8677 → SJS9778L

SLZ8492G	SGN1837	SML8677	SJS9778L
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Advance	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: 01	RMKS: TP	RMKS:	RMKS:

Date/ Time	
	SGN1837 : X SLZ8492G : NA/AIG/00847/K4 ; DOA : 20/5/19
	+01NR
	MARKET VALUE: $ 38,000 LTA REBATE : $ 27,180 NETT VALUE : $ 10,820

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~~ N.V	S$ 10,820.00 (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09.10.20	Confirm with XAVIER	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
~~Repair Cost~~ N. VALUE	S$ 10,820.00	4VEH CC OID LAST	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 1,400.00 ($ 100 x 14 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/Direct Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 12,220.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 09.10.20	Confirm with: XAVIER	Email ☐ Call ☐
Payee 1:	S$ 12,220.00	Name 1: ADVANCE AUTO GARAGE	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	