

15/5/2010

INS. CASE OWNER:

CC6 / AIG 20000536 / Ads3

LKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/1/2020

Date / Time :

7/1/2020

Registered in Merimen:

8/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 3301S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 4/1/2020

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

SLP 4467J



INSRS:
WSP: Sin Hwee
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLP 4467J, NA/AIG 20000500/24; DOA: 3/1/2020 GBD 3301S	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) <input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Release Voucher: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice: <input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice <input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA : <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Medical Bill: <input type="checkbox"/>	<input type="checkbox"/>
	PIR: <input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction: <input type="checkbox"/>	<input type="checkbox"/>
	LOD <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form: <input type="checkbox"/>	<input type="checkbox"/>
	Post-Repair Photos: <input type="checkbox"/>	<input type="checkbox"/>
	Others: <input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 07/04/2020	Confirm with: Khim	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,150.00		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 700.00 (\$ 100 x 7 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -		1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$ 4,857.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 4,857.45	Name 1: Sin Hwee Motor Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	