CC4/AIG20005016/ka3

INS. CASE OWNER: [redacted] /AIG1300 | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 9374J | Claim No. : _____

Name of Insured : _____ | Policy No. : _____

Insured Tel No. : _____ HP: _____ | Make / Model : _____

Excess Sec II :S$ _____ D.O.A :07/04/2020 | 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**

INSRS:
WSP: TP
Tel :
Liability :
RMKS: SLJ 1885L

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/5/2020	AIG (LOH CHEE HENG) APPROVED TO REJECT TP CLAIM

Reject Case
By (staff) :
Approved by : [illegible]
Date : 18-06-20

Reject Case
By (staff) :
Approved by :
Date :

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:	S$	(days) Reduction: %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time:	Confirm with	Email [ ] Call [ ]
Final Liability:	%	(Agreed / Assessed)	S/N No. :
Repair Cost:	S$		If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S$	(	REJECT CLAIM- NO SURVEY DONE
Loss of Use (LOU):	S$	x days)	
Loss of Income (LOI):	S$	($ days)	
LOR only [ ] LOU only [ ]		LOR + LOU [ ] R + LO [ ]	[Tick only one]
GIA/LTA Search	S$		
Medical:	S$		1) Claim status - Normal/Reject/P[illegible]
Disbursement:	S$	Tow/ Independent)	2) Report Formal: —
Legal Cost	S$		3) Survey fee: —
Total:	S$	**Global Sum**	
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:	