INS. CASE OWNER: CC4/AIG20005074/Kka3 ~~CC /AIG1000~~ /

LKK:

IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG4838H

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 05/04/2020

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

If NO. Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

INSRS: TP
WSP: SMA7706S
Tel : ESTEEM
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	Reject Case By (staff) : Approved by : Yen Date : 18-06-20
9/6/2020	AIG (NORSIAH) APPROVED TO REJECT TP CLAIM.

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: P/P S$ 1,994.68 (4 days) Reduction: 2,004.04 /50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) B[illegible] N No. :	If NO or B 28, Ass, Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ d	REJECT CLAIM- SURVEY DONE
Loss of Use (LOU):	S$ ($)	
Loss of Income (LOI):	S$ ($ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ O ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: ~~Accept~~/Reject/~~Partial Settle~~
Disbursement:	S$ (w/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320
Total:	S$ **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: