

15/5/2010

INS. CASE OWNER:

CC /AIG1901 /

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : _____

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : _____

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:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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\$ 1,085.60 (2 days) Reduction: 10,751.14/91%

Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: 2/10/2020 Confirm with WAI YINEmail ☒ Call ☐

Final Liability: 100% % 50% (Agreed / Assessed) BOIA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: 1,161.59 S\$ 580.79

AIG APPROVED: 50%

Loss of Rental (LOR): 200.62 S\$ 100.31 (1.5 days) x \$133.75

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): 75.00 S\$ 37.50 (\$ 50 x 1.5 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]

GIA/I.TA Search 6.00 S\$ 6.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: 1,443.21 S\$ 724.60 Global Sum S\$: 724.00Email ☐ Call ☐**FINAL PAYMENT**

Date/Time: _____

Confirm with: _____

Payee 1: S\$ 724.00

Name 1: TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: