15/5/2010

INS. CASE OWNER:

CC4/AIG20005490/Bka3

LKK:

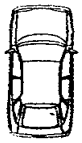
IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 29/04/2020 Date / Time : 29/04/2020

Registered in Merimen: 29/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 3085K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

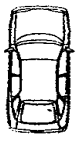
Excess Sec II :S$ D.O.A : 28/04/2020 Place of Accident :

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

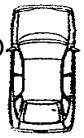
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

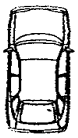
SMM 69E → → →



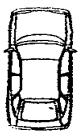
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMM 69E - X	SMD 3085K - X	**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: ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 12,150.00 (8 days)	Reduction: 8017.20 % 40	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/01/2021	Confirm with ADEL	Email ☑ Call ☐
Final Liability:	% 55 (Agreed / Assessed)	BOLA S/N No. : 24a	If NO or B 28, Ass. Lia :
Repair Cost: 12,150.00	S$ 6682.50		
Loss of Rental (LOR):	S$ (days)		AIG'S INSTRUCTION ON 60% LIABILITY
Loss of Use (LOU): 600.00	S$ 330.00 ($ 50 x 12 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 36.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 80.00	(e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$	AIG'S INSTRUCTION	3) Survey fee: $320.00
Total:	**S$** 7128.95	**Global Sum S$:** 7000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7000.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	