

INS. CASE OWNER:

CC /AIG1901 /

LKK:  
IDAC:ASSIGNMENT

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : \_\_\_\_\_

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

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

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:  
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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_

Sent By: \_\_\_\_\_

## FINALIZATION

Date/Time: \_\_\_\_\_

Confirm with: \_\_\_\_\_

Confirm by: \_\_\_\_\_

Repair Cost: P/P S\$ 1719.99 ( 2 days) Reduction: 6,695.60/80 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/9/2020 Confirm with WAI YIN

Email ☒ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S\$ 1,840.39 S\$ 920.19

AIG APPROVED: 50%

Loss of Rental (LOR): 385.20 S\$ 192.60 ( 3 days) X \$128.40

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

Loss of Income (LOI): 150.00 S\$ 75.00 (\$ 50 x 3 days)

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

GIA/LTA Search 6.00 S\$ 6.00

Medical: S\$

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

Legal Cost S\$

Total: 2,381.59 S\$ 1,193.79 Global Sum S\$: 1,190.00

Email ☐ Call ☐

## FINAL PAYMENT

Date/Time: \_\_\_\_\_

Confirm with: \_\_\_\_\_

Payee 1: S\$ 1,190.00

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: