15/5/2010

INS. CASE OWNER: NORSIAH

CC4/AIG20007021/T1ra3

LKK:

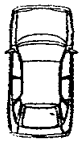
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 06.07.2020 Date / Time : 06.07.2020

Registered in Merimen: 06.07.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 1644E

Name of Insured : NG YEW KEN, DESMOND

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 04/07/2020 15:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. : 5154192558SG

Policy No. : 2100501045

Make / Model : CITROEN DS4-1.6 (A)

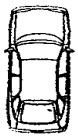
Place of Accident : STILL ROAD SOUTH - MARINE PARADE FLYOVER

Nature of Accident :

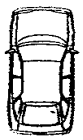
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

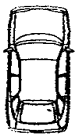
SHB 4171H → → →



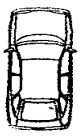
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 4171H - CC3/CTI19002524/Njb3q2 ; 10/02/2019	**STAGE** **DATE / PIC**
	CC3/III17008270/Kua3q2 ; 23/04/2017	Non-Reporting ltr (1st):
	CC3/TMI12016585/H1y1n ; 24/08/2012	Non-Reporting ltr (2nd):
	CS/TMI13014813/M1gd1 ; 13/08/2013	Non-Reporting ltr (Final):
	NA/TMI12016454/e1 ; 24/08/2012	Notification ltr (if non-pickup):
	SLL 1644E - X	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup)
25/8/2021	PLEASE REFER TO VIEWS FOR DETAILS	After call ltr to OI:
	*SUBMIT WP AS PER AIG INSTRUCTIONS	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: L/SUM	S$ 4,500.00 (4 days)	Reduction: 60 %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only LOU only	LOR + LOU LOR + LOI	[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: 290.00
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:	