15/5/2010

INS. CASE OWNER:

CC3/AIG20007989/ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.08.2020

Registered in Merimen: 03.08.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SGQ 4387K

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 02/08/2020 15:10

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 : BT MERAH NEW BLK 116 OPEN SPACE CARPARK

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

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

SDM 8889J → _____ → _____ → _____

INSRS:
WSP: Performance
Tel : Motors
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SDM 8889J - X SGQ 4387K - X	
2/10/2020	TP INSURER SUBMIT SUBROGATION TO AIG. NO SURVEY	
KHANCHNA		
02/10/20	TO CANCEL. NO SURVEY.	

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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Da e: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N	If NO or B 28, Ass. Lia :
Repair Cost:	S$	TP INSURER SUBMIT SUBROGATION TO AIG
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ x days)	NO SURVEY
Loss of Income (LOI):	S$ (d	
LOR only ☐ LOU only ☐ LOR + LOU ☐ OR ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ e.g. Tow/ Independent)	2) Report Format: -
Legal Cost	S$	3) Survey fee: -
Total:	**S$** **Global 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:	