

15/5/2010

INS. CASE OWNER:

CC 6 /AIG 2000 8639 / Uks3

LKK:
IDAC:

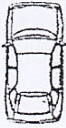
ASSIGNMENT

Surveyor: Marcus

DOI: _____

Date / Time : 18/08/2020Registered in Merimen: 18/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 9229T

Claim No. : _____

Name of Insured : TAN THIAM POH PATRICK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 14/08/2020

Place of Accident : _____

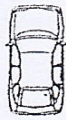
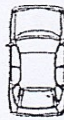
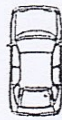
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SJS 546Z

INSRS:
WSP: QUAN DE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SJS 546Z : X	
	SJS 9229T : CC3/AIG12024751/H1g2a3q2 ; DOA : 20/12/2012	
	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 / GLA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
31/08/2020	Pls refer to VIEWS for details.	
	OI video in Merimen	
	*Rejected 3rd party claim as per AIG instruction	
	*Submit WP to AIG	
	Reject Case By (staff) : <u>Hsiao Tey</u> Approved by : <u>[Signature]</u> Date : <u>31-08-20</u>	
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost:	SS (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost:	SS	
Loss of Rental (LOR):	SS (_____ days)	
Loss of Use (LOU):	SS (\$ _____ x _____ days)	
Loss of Income (LOI):	SS (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	SS	
Medical:	SS	1) Claim status: <u>Normal/Reject/Rebate Case</u>
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	SS	3) Survey fee: <u>\$250.00</u>
Total:	SS Global Sum SS: _____	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS Name 1: _____	
Payee 2: (Strike if N.A.)	SS Name 2: _____	
Payee 3: (Strike if N.A.)	SS Name 3: _____	