15/5/2010

INS. CASE OWNER: CC 4 / AIG 2000 9075 / Qrs3

LKK:

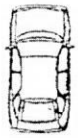
IDAC:

ASSIGNMENT

Surveyor: OSP DOI: 05/10/2020 Date / Time : 27/08/2020

Registered in Merimen: 27/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 9098H Claim No. :

Name of Insured : GLYN SIM KIOK NGIAP Policy No. :

Insured Tel No. : HP: Make / Model :

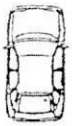
Excess Sec II :S$ D.O.A : 20/08/2020 Place of Accident :

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

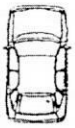
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

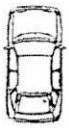
GBH 3387Z → → →



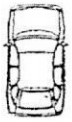
INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBH 3387Z : NA/INC20001620/r3 ; DOA : 03/01/2020
	SLP 9098H : NA/INC20008725/z4 ; DOA : 20/08/2020
10.02.2021	PLEASE REFER TO VIEWS FOR DETAILS
	*REJECT CASE AS PER AIG INSTRUCTION

Reject Case
By (staff) : joshi
Approved by : Yin
Date : 11-02-21

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: L/SUM	S$ 1,550.00 (2 days)	Reduction: 69 %	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 Cases~~
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:	