

ASSIGNMENTSurveyor: **STEVE**DOI: **23/10/2020**Date / Time : **22/10/2020**Registered in Merimen: **23/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMQ 5841M**Claim No. : **6136163738SG**Name of Insured : **LEE CHEE CHENG**Policy No. : **1900250282**

Insured Tel No. : _____ HP: _____

Make / Model : **MITSUBISHI ATTRAGE 1.2 CVT****Excess Sec II : S\$** _____ D.O.A : **21/10/2020 02:50**Place of Accident : **MARRIOT TANG PLAZA TURING OUT TO SCOTT RD**

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

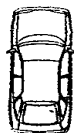
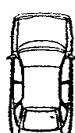
If NO, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**GBK 4739U**INSRS: **EFFICIENT**
WSP: **MOTOR**
Tel : **& ENGINEERING**
Liability : **WORKS**
RMKS: **PTE LTD.**INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time					
	GBK 4739U - X	SMQ 5841M - X	STAGE	DATE / PIC	
			Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
19/11/2020	PLEASE REFER TO VIEWS FOR DETAILS		Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
	*SUBMIT WP REPORT TO AIG AS PER INSTRUCTION		Call OI:		
			After call ltr to OI:		
			Documentation Check List:	Handler	Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____					
Repair Cost: L/SUM	S\$ 2,400.00	(4 days) Reduction: 69 %	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:	S\$				
Loss of Rental (LOR):	S\$	(_____ days)			
Loss of Use (LOU):	S\$	(\$ _____ x _____ days)			
Loss of Income (LOI):	S\$	(\$ _____ 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	S\$				
Medical:	S\$				
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settlement WP		
Legal Cost	S\$		2) Report Format: TP		
Total:	S\$	Global Sum S\$:	3) Survey fee: 290.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			