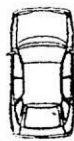| INS. CASE OWNER:	BENNIE TAN	CC4/AIG20011989/Qpa3	IDAC:

ASSIGNMENT

Surveyor:	SUN PIN	DOI:	Date / Time : **03.11.2020**
			Registered in Merimen: **03.11.2020**

Pre-assign / CCU / FTE

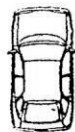|		
Insured Vehicle No. :	**SMQ 3550R**	Claim No. : 3593763955SG003
Name of Insured :	CHEAH EAN CHYE @ CHEAH AH BA	Policy No. : 1900236608
Insured Tel No. :	HP:	Make / Model : MERCEDES-BENZ A200
Excess Sec II :S$	D.O.A : 28/10/2020 16:15	Place of Accident : TAMPINES AVE 1
Is driver the owner? (YES / NO)	Nature of Accident :	

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

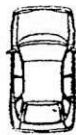Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
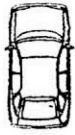Insured Liability : % **Final ? Yes / No**

SLM 725G → → →

INSRS: WSP: **LION CITY** Tel : **RENTAL** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 725G - X SMQ 3550R - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
01/02/2021	PLEASE REFER TO VIEWS FOR DETAILS	Notification ltr (if non-pickup):	
		Call OI:	
	*SUBMIT WP REPORT TO AIG AS PER INSTRUCTION	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:		

(handwritten: 15/02/21 CLOSED.)

PRELIMINARY ADVICE Date/Time:	Sent By:	

FINALIZATION Date/Time:	Confirm with:	Confirm by:
		Email ☐ Call ☐

Repair Cost: **L/SUM** S$ **1,250.00** (**3** days) Reduction: **85** %   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$		1) Claim status: ~~Normal/Reject/Private Settle~~ **WP**
Medical: S$		2) Report Format: **TP**
Disbursement: S$	(e.g. Tow/ Independent)	3) Survey fee: ~~250.00~~ **290.00**
Legal Cost: S$		
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:	