		LKK:
INS. CASE OWNER:	CC4/AIG20012295/Kgs3	IDAC:

ASSIGNMENT

Surveyor: **Kenneth**   DOI: 16/11/2020   Date / Time : 10/11/2020

Registered in Merimen: 10/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLZ 7838A**   Claim No. :

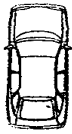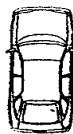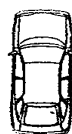Name of Insured : **LEE LONG (LI LONG)**   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 06/11/2020   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**

SLS 6454S ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: NGIAK MOTOR	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLS 6454S : NA/INC19004963/k4 ; DOA : 18/03/2019		
	SLZ 7838A : X	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:		

14/12/2020 — AIG INSTRUCT TO SUBMIT WP AS RECIEVE LOD FROM TP LAWYER. SUBMIT WP, ADMIN TO CLOSE

PRELIMINARY ADVICE	Date/Time:		Sent By:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 5500.00 (6 days)	Reduction: 8139.36 % 60	Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Cal ☐

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 + LO ☐ [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: WP
Legal Cost	S$	3) Survey fee: $250.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	