			LKK:
INS. CASE OWNER:		**CC4/AIG21001891/Kga3**	IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 02/03/2021   Date / Time : 08/02/2021

Registered in Merimen: 08/02/2021

Pre-assign / CCU / FTE

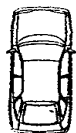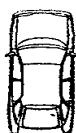|		
Insured Vehicle No. : **SKQ 4448X**	Claim No. :	4514770867SG
Name of Insured : **WONG WEI LOON**	Policy No. :	1900008677
Insured Tel No. : HP:	Make / Model :	
Excess Sec II :S$ D.O.A : **07/02/2021 15:30**	Place of Accident :	**INFRONT VERTEX BUILDING**
Is driver the owner? (YES / NO) Nature of Accident :		**Ubi Rd 2, Singapore**

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**

SBM 2882R →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CHENG**	WSP:	WSP:	WSP:
Tel : **HOE**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SBM 2882R - CC4/AIG18001571/Kwa3q2 ; 24/01/2018	Non-Reporting ltr (1st):	
	NA/INC09007671/p1 ; 08/04/2009	Non-Reporting ltr (2nd):	
	SKQ 4448X - CC3/AIG15007975/T1vbq2 ; 01/04/2015	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:	☐	☐
18/03/2022	AIG INSTRUCT TO CLOSE AS NO FURTHER DEVELOPMENT.	PIR:	☐	☐
		Mandate/Reject Instruction:	☐	☐
CHECK ITEM RED:	$351.70 / 6%	LOD	☐	☐
		Payment Breakdown Form:	☐

PRELIMINARY ADVICE Date/Time: Sent By:

Post-Repair Photos:	☐	☐
Others:	☐	☐

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P   S$ $5,183.90 (7 days) Reduction: $807.10 % 13   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 Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP
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: