15/5/2010

INS. CASE OWNER:

CC4/AIG21002033/pa3 GP113

LKK:

IDAC:

ASSIGNMENT

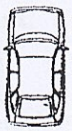
Surveyor: XHQ

DOI: 22/2/2021

Date / Time : 10/02/2021

Registered in Merimen: 10/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 197H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 08/02/2021 07:50

Place of Accident : TAN TOCK SEN

Is driver the owner? (YES / NO)

Nature of Accident :

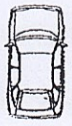
If **NO**, Driver Name / Age :

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

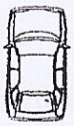
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

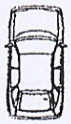
SHB 8065E → → →



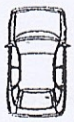
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 8065E - CC3/CAI14021159/H1sa3k3 ; 08/11/2014	Non-Reporting ltr (1st):	
	CC4/AXA16012381/H1eg3q2 ; 03/07/2016	Non-Reporting ltr (2nd):	
	CC4/III16017002/T1ug3q2 ; 06/09/2016	Non-Reporting ltr (Final):	
	CS/EGI16016954/H1gh3q2 ; 06/09/2016	Notification ltr (if non-pickup):	
	CS/III08030464/Kfd1 ; 18/03/2008	Call OI:	
	NJA/INC08016937/y1 ; 07/06/2008	After call ltr to OI:	
	SLV 197H - CS3/AIG18002378/Wd3e2 ; 31.01.2018	**Documentation Check List:**	**Handler** / **Typist**
29/3/2021 -	AIG instruction to reject TP claims P/I2 against TP.	Notification ltr (if non-pickup)	
30/3/2021 -	Email to TP: Reject TP claim	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:	

Reject Case
By (staff) : Hoiao Tong
Approved by : lh
Date : 06-04-21

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	PIP S$ 660.00 (7 days) Reduction: 51 %		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: 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:	