15/5/2010

INS. CASE OWNER: CC3/AIG15005516/Kga3q2-2

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 31/03/2015 Date / Time : 31/03/2015

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SFE 2626J Claim No. : 5638997972SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model : TOYOTA WISH 1.8

Excess Sec II :S$ D.O.A : 30/03/2015 Place of Accident : MARINE TERRACE CP HDB

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**

SHD 5964U → → → →

INSRS: WSP: TRANS-CAB Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
29/04/2021	REJECTION MAINTAINED AS PER AIG INSTRUCTN BASED ON BOLA S34 FALL ON TP
	cancel case. MV nev to sign.

STAGE	DATE / PIC
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:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 1300.00 (1.5 days) Reduction: $10,356.43 % 89		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☑ Call ☐
Final Liability:	% 0	(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)	AIG'S INSTRUCTION
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: MAINTAIN REJECT
Legal Cost	S$		3) Survey fee: $0
Total:	**S$**	**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:		