

INS. CASE OWNER:

CC3/AIG15005516/Kga3q2-2

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

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 :

Driver Tel No. :

(V/L: YES / NO)

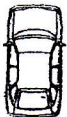
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 5964U



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS-CAB



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:	☐
29/04/2021	REJECTION MAINTAINED AS PER AIG INSTRUCTN BASED ON BOLA S34 FALL ON TP <i>cancel case - mv need to sign.</i>	
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)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
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:	

AIG'S INSTRUCTION

1) Claim status: Normal/Reject/Private Settle

2) Report Format: MAINTAIN REJECT

3) Survey fee: \$0