15/5/2010

INS. CASE OWNER:

CC4/AIG21002630/pa3 GPA3

LKK:

IDAC:

**ASSIGNMENT**

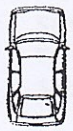
Surveyor: XGQ

DOI: 5/3/2021

Date / Time : 25.02.2021

Registered in Merimen: 25.02.2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMA 2686Z

Name of Insured :

Insured Tel No. : HP:

**Excess Sec II :S$**

Is driver the owner? ( YES / NO )

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

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 25.02.2021 08:10

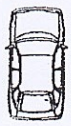
Place of Accident :

Nature of Accident :

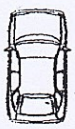
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

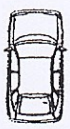
SHD 1265E → → → →



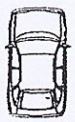
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SHD 1265E - CS/AXA09014078/Rbe1 ; 15/07/2008 |
| | CS/CAI09025821/T1y1k1 ; 28/08/2009 |
| | NJA/INC08033273/y1 ; 16/08/2008 |
| | SMA 2686Z - X |
| 3/3/2021 | AIG ✓ rejection |
| 6/4/2021 | Email to TP: Reject claim |

Reject Case
By (staff) : Haiao Tong
Approved by :
Date : 06/04/21

Reject Case
By (staff) :
Approved by :
Date

| 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: I/sum S$ 1450.00 ( 3 days) Reduction: 73 % 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: $ 320.00 |
| **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: | |