

ASSIGNMENT

Surveyor:

KENNETH

DOI:

23/03/2021

Date / Time : 22/03/2021

Registered in Merimen: 22/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 9197A

Claim No. : 8733936394SG

Name of Insured :

Policy No. : 7210006888

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 19/03/2021 15:15

Place of Accident : Orchard boulevard towards city

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

SLM 9408M



INSRS:

WSP: ALLSWELL MOTOR

Tel : TRADERS

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

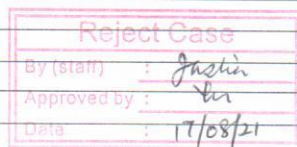
WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 9408M - CC6/CTI20007082/Kda3s2 ; 03/07/2021	Non-Reporting ltr (1st):	
	GBK 9197A - NA/AIG21003637/r3 ; 19/03/2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
17/8/2021	PLEASE REFER TO VIEWS FOR DETAILS	Notification ltr (if non-pickup):	
	*SUBMIT REJECT AS PER AIG INSTRUCTIONS	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:
Repair Cost: L/SUM	S\$ 2,950.00	(5 days) Reduction:	32 %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Confirm by:	
Email ☐	Call ☐
1) Claim status: Normal/Reject/Private Settlement	
2) Report Format: TP	
3) Survey fee: 200.00	320.00