INS. CASE OWNER: Loh, Chee-Heng | CC4/AIG21003690/Kra3 | IDAC:

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 TRADERS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLM 9408M - CC6/CTI20007082/Kda3s2 ; 03/07/202 GBK 9197A - NA/AIG21003637/r3 ; 19/03/2021
17/8/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT REJECT AS PER AIG INSTRUCTIONS

Reject Case
By (stam) : Justin
Approved by :
Date : 17/08/21

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/SUM S$ 2,950.00 (5 days) Reduction: 32 % 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$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: ~~Normal~~/Reject ~~Private Settle~~
Legal Cost	S$		2) Report Format: TP
Total:	**S$**	**Global Sum S$:**	3) Survey fee: ~~290.00~~ 320.00

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:	