

INS. CASE OWNER:

CC4/AIG21004383/Krs3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Kenneth

DOI:

07/04/2021

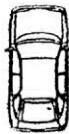
Date / Time :

06/04/2021

Registered in Merimen:

06/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 3368P

Name of Insured : ANG HWEE YIAP

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 05/04/2021

Is driver the owner?

( YES / ☒ NO )

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SMV 5927Z



INSRS:

WSP: HUI YANG

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMV 5927Z : X ; SMX 3368P : X

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:

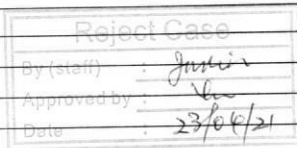
Post-Repair Photos:

Others:

23/04/2021

PLEASE REFER TO VIEWS FOR DETAILS

\*REJECT CASE AS PER AIG INSTRUCTION



PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM

S\$ 1,350.00

( 3

days) Reduction:

60

%

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 + LC ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: 250.00

Total:

S\$

Global Sum S\$:

Email ☐Call ☐

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: