15/5/2010

INS. CASE OWNER: CC3/AIG21004694/Kra3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 12/04/2021 Date / Time : 12/04/2021
Registered in Merimen: 13/04/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX 9866C
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 :
Place of Accident :
D.O.A : 08/04/2021 11:54
Nature of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHB 9711S → → →

INSRS:
WSP:
Tel :
Liability :
RMKS:
TRANS-CAB-AUTO

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 9711S - CS/FCI12022210/Uvn ; 14/11/2012 NA/AIG12010950/w1 ; 01/06/2012 NA/AIG12022152/s2 ; 14/11/2012 SKX 9866C - CC6/AIG18018191/eb3XX ; 04.10.2018
18/06/2021	PLEASE REER TO VIEWS FOR DETAILS *SUBMIT REJETC AS PER AIG INSTRUCTIONS

Reject Case
By (staff) :
Approved by : Uvn
Date : 22/06/21.

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: P/P S$ 4,083.25 (2 days) Reduction: 74 % 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: ~~250.00~~ 290.00
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:	