INS. CASE OWNER:

CC6/AIG21005867/Ura3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 18/05/2021   Date / Time: 17/05/2021

Registered in Merimen: 17/05/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJQ 3054S**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/05/2021 20:30   Place of Accident :

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**

FBP 9568L

INSRS:
WSP: **BHH**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	FBP 9568L - X		Non-Reporting ltr (1st):	
	SJQ 3054S - CC3/AIG12009690/Ksg2j2 ; 05.05.2012		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
07/09/2021	PLEASE REFER TO VIEWS FOR DETAILS		Notification ltr (if non-pickup)		
	*SUBMIT REJET AS PER AIG INSTRUCTIONS		After call ltr to OI		
			Authorisation To Act:		
			Release Voucher:		
			Final Repair Bill:		
	Reject Case		Car Rental Invoice:		
	By (staff) : Joshua		Towing Invoice		
	Approved by : YW		LTA / GIA :		
	Date : 08/09/21		Medical Bill:		
			PIR:		
			Mandate/Reject Instruction:		
			LOD		
			Payment Breakdown Form:		

PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:		
			Others:		

FINALIZATION	Date/Time:		Confirm with:	Confirm by:	
Repair Cost: P/P	S$ 420.40	(1 days) Reduction: 56 %		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:		