

INS. CASE OWNER:

CC4/AIG21008661/Urs3

ASSIGNMENT

Surveyor:

MarcusDOI: **18/08/2021**Date / Time : **18/08/2021**Registered in Merimen: **18/08/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKT 7924C**

Claim No. : _____

Name of Insured : **Lin Yat Yi**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01/08/2021**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

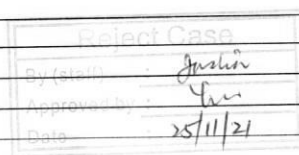
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****AU 5154J**INSRS:
WSP: **EROFIA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	AU 5154J : X	Non-Reporting ltr (1st):	
	SKT 7924C : CC6/AIG18020462/Aja3q2 ; DOA : 10/11/2018	Non-Reporting ltr (2nd):	
24/09/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
16/11/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT REJECT AS PER AIG INSTRUCTION	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\$ 1,200.00	(5 days' Reduction: 82 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with:	
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\$	1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$	2) Report Format: TP	
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee: 320.00	
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:	