15/5/2010

INS. CASE OWNER: CC4/AIG21008814/Gpa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 23/08/2021 Date / Time: 23/08/2021

Registered in Merimen: 23/08/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 5078K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 21/08/2021 08:35 Place of Accident : NEAR TO 313 SOMERSET

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

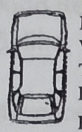
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

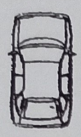
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

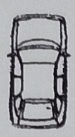
SHA 3695A →



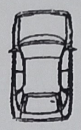
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 3695A - CC3/AIG12018100/H1k1g2w2 ; 15/09/2012 CC4/III18000375/Swa3q2 ; 05/01/2018 CC6/III16008563/R1yb3q2 ; 08/05/2016 NS/INC12013414/H1y1r2 ; 07/07/2012 NS/INC13014279/M1gk3 ; 02/08/2013 NS/INC16007713/H1gbn2 ; 23/04/2016
	SLV 5078K - X
05/10/2021	Pls refer to VIEWS for details. *Rejected TP claim *Submit WP to AIG

Reject Case
By (staff) : Hsiao Tong
Approved by : Yu
Date : 07/10/21

Reject Case
By (staff) :
Approved by :
Date :

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$ 3,381.76 (5 days) Reduction: 42 % 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:	