15/5/2010

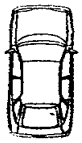
INS. CASE OWNER: SALIHA | CC3/AIG21009069/Aga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 02/09/2021 Date / Time : 30/08/2021

Registered in Merimen: 30/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 6316P Claim No. : 4122891338SG

Name of Insured : Policy No. : 1800123346

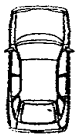
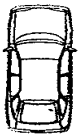
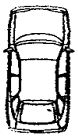
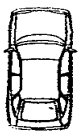
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/08/2021 14:10 Place of Accident : 2ND LEFT LANE ON PIE TOWARDS SLIP ROAD BKE

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**

SMF 6316P →	SGW 669S →	SKN 4416D →	
 INSRS: WSP: Tel : Liability : RMKS: OI	 INSRS: WSP: PREMIUM Tel : Liability : RMKS: TP 	 INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SGW 669S - X SMF 6316P - X	
14/12/2021	AIG RECEIVE UIL, TP CONVERT OD CLAIM. SUBMIT WP. ADMIN TO CLOSE	
	CHECKED ITEM RED: $38,937.00 / 51%	

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$ $34,441.00 (10 days)	Reduction: $41,673.00 % 55	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: WP
Legal Cost	S$		3) Survey fee: $290.00
Total:	**S$**	**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:	