

INS. CASE OWNER:

CC4/AIG21009410/Ers3

IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 09/09/2021

Date / Time : 07/09/2021

Registered in Merimen: 07/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 4415H

Claim No. : \_\_\_\_\_

Name of Insured : SNG CHEE KEONG

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : 06/09/2021

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

XE 6227M



INSRS: WSP: CONNECT3  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC																																
	XE 6227M : X ; SLB 4415H : X																																	
29/10/2021	PLEASE REFER TO VIEW FOR MORE DETAILS *SUBMIT REJECT AS PER AIG INSTRUCTIONS																																	
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">Reject Case</p> <p>By (staff) : <i>Jadine</i></p> <p>Approved by : <i>[Signature]</i></p> <p style="text-align: right;">11/11/21</p> </div>																																	
	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: <b>Documentation Check List:</b>	<table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Handler	Typist	Notification ltr (if non-pickup)	<input type="checkbox"/>	After call ltr to OI:	<input type="checkbox"/>	Authorisation To Act:	<input type="checkbox"/>	Release Voucher:	<input type="checkbox"/>	Final Repair Bill:	<input type="checkbox"/>	Car Rental Invoice:	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	LTA / GIA :	<input type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	Mandate/Reject Instruction:	<input type="checkbox"/>	LOD	<input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	Others:	<input type="checkbox"/>
Handler	Typist																																	
Notification ltr (if non-pickup)	<input type="checkbox"/>																																	
After call ltr to OI:	<input type="checkbox"/>																																	
Authorisation To Act:	<input type="checkbox"/>																																	
Release Voucher:	<input type="checkbox"/>																																	
Final Repair Bill:	<input type="checkbox"/>																																	
Car Rental Invoice:	<input type="checkbox"/>																																	
Towing Invoice	<input type="checkbox"/>																																	
LTA / GIA :	<input type="checkbox"/>																																	
Medical Bill:	<input type="checkbox"/>																																	
PIR:	<input type="checkbox"/>																																	
Mandate/Reject Instruction:	<input type="checkbox"/>																																	
LOD	<input type="checkbox"/>																																	
Payment Breakdown Form:	<input type="checkbox"/>																																	
Post-Repair Photos:	<input type="checkbox"/>																																	
Others:	<input type="checkbox"/>																																	

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: L/SUM \$ 7,000.00 ( 4 days Reduction: 40 % 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: \$\$

Loss of Rental (LOR): \$\$ ( \_\_\_\_\_ days)

Loss of Use (LOU): \$\$ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

Loss of Income (LOI): \$\$ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent)

Legal Cost: \$\$

**Total: \$ \$ Global Sum \$ \$:**

1) Claim status: ~~Normal/Reject/Private Gene~~

2) Report Format: TP

3) Survey fee: 320.00

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$ \$ Name 1: \_\_\_\_\_

Payee 2: (Strike if N.A.) \$ \$ Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) \$ \$ Name 3: \_\_\_\_\_