15/5/2010

INS. CASE OWNER: CC3/AIG21009432/Kpa3

LKK:

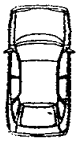
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 07/09/2021 Date / Time : 08/09/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SCZ 2626J Claim No. :

Name of Insured : LIM KHEK CHUAN Policy No. :

Insured Tel No. : HP: Make / Model :

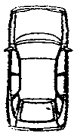
Excess Sec II :S$ D.O.A : 04/09/2021 Place of Accident :

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

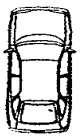
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

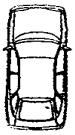
SHD 5180P → → →



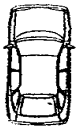
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 5180P : SCZ 2626J : ~~NBA/AIG21009407/Y ; DOA : 04/09/2021~~
	*AIG SETTLED DIRECTLY WITH TP
	*SUBMIT WP TO AIG

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$ 1,984.30	(2 days) Reduction: 81 %	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Cal
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 + LO	[**Tick only one**]
GIA/LTA Search	S$			
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ /WP	
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S$		3) Survey fee:	$290.00
Total:	**S$**	**Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email	Cal
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		