

15/5/2010

INS. CASE OWNER:

CC6/AIG21009737/Urs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 17/09/2021Date / Time : 17/09/2021Registered in Merimen: 17/09/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 33X

Claim No. : _____

Name of Insured : NG CHEE SING

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 15/09/2021

Place of Accident : _____

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

If NO, Driver Name / Age : _____

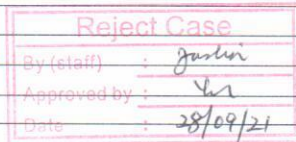
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SME 5547B

INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time		STAGE	DATE / PIC
	SME 5547B : NA/INC21003611/r3 ; DOA : 18/03/2021	Non-Reporting ltr (1st):	
	SJC 33X : NA/EQ10008579/s1 ; DOA : 03/05/2010	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
27/9/2021	PLEASE REFER TO VIEWS FOR DETAILS	Documentation Check List: Handler	Typist
	*SUBMIT REJECT AS PER AIG INSTRUCTIONS	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: _____		Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Repair Cost: <u>L/SUM</u> S\$ <u>4,400.00</u> (<u>4</u> days) Reduction: <u>54</u> %		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 + LC ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>250.00</u>	
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: _____		