15/5/2010

INS. CASE OWNER:

## CC6/AIG21010823/Upa3

3

Date / Time:

LKK: IDAC:

## **ASSIGNMENT**

Surveyor: MARCUS DOI: <u>21/10/2021</u>

Registered in Merimen: 21/10/2021

21/10/2021

Pre-assign / CCU / FTE

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3.	

Insured Vehicle No. : SMH 2577T Claim No. : 7310445567SG

Name of Insured : Policy No. : 1900000228

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_\_ 

Excess Sec II :S\$ D.O.A : 03/10/2021 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

## SMF 7559Z \_



INSRS: WSP: Sin Hwee

Tel : Liability :

RMKS: 180F



INSRS: WSP:

WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time			
	SMF 7559Z - X SMH 2577T - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
We have detecte	that there is already an active claim within 1 day of the Date of Loss.  Non-Reporting ltr (2nd):		
SMF7559Z Date	of Loss: 03/10/2021 (TP) a Pacific Insurance Pte. Ltd.	Non-Reporting ltr (Final):  Notification ltr (if non-pickup):	
Insurer: AIG Asi	a Pacific Insurance Pte. Ltd.	Call OI:	
Repairer: Trans	Eurokars Pte Ltd (Ubi)	After call ltr to OI:	
DI 001/5/D		Documentation Check List: 1	Handler Typist
Please CONFIR	M that this is NOT the same case you are creating.	Notification ltr (if non-pickup)	Tanulei Typist
		After call ltr to OI:	
02/03/2022	DI C C MEMO C L C II		
	Pls refer to VIEWS for details.	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:	
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	
		Others:	
INALIZATION	Date/Time: Confirm with:	Confirm by:	
tepair Cost: L/sum	S\$ 2,700.00 ( 3 days) Reduction: 48 %	Email	Call
INAL SETTLEMENT		Email V Call	
HAD SELLEMENT	Date/Time: ()2/()3/2()22 Confirm with Khim	Email V Call	
	Date/Time: 02/03/2022 Confirm with Khim    % 100 (Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia:	
inal Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	,	
inal Liability: epair Cost:	% 100 (Agreed / Assessed) BOLA S/N No. : 27 S\$ 2,700.00	,	
inal Liability: Lepair Cost: Loss of Rental (LOR):	% 100 (Agreed / Assessed) BOLA S/N No. : 27 S\$ 2,700.00 S\$ ( days)	,	
inal Liability: epair Cost: oss of Rental (LOR): oss of Use (LOU):	% 100 (Agreed / Assessed) BOLA S/N No. : 27 \$\$ 2,700.00 \$\$ ( days) \$\$ 240.00 (\$ 80 x 3 days)	,	
inal Liability: epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI):	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ (\$ x days)	,	
inal Liability: epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU only	% 100 (Agreed / Assessed) BOLA S/N No. : 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]	,	
inal Liability: epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU only	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7,45	If NO or B 28, Ass. Lia:	
inal Liability: depair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU only EIA/LTA Search Medical:	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7.45  \$\$	If NO or B 28, Ass. Lia:  1) Claim status: Normal/Rejection	of Private South
inal Liability: Lepair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only L	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7,45	If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject 2) Report Format: TP	
inal Liability: lepair Cost: loss of Rental (LOR): loss of Use (LOU): loss of Income (LOI): loss of Income (LO	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ \$ 7.45  \$\$ \$\$ (e.g. Tow/ Independent )  \$\$ \$\$	If NO or B 28, Ass. Lia:  1) Claim status: Normal/Rejection	
Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only BIA/LTA Search Medical: Disbursement: Legal Cost  Cotal:	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7.45  \$\$ \$\$ \$\$ (e.g. Tow/ Independent )  \$\$ \$\$	If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject 2) Report Format: TP	
Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7.45  \$\$ \$\$ (e.g. Tow/ Independent )  \$\$ \$\$ \$\$ \$\$ (e.g. Tow/ Independent )  \$\$ \$\$ \$\$ \$\$ Confirm with:	1) Claim status: Normal/Roje. 2) Report Format: TP 3) Survey fee: \$320.	
inal Liability: depair Cost: coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): coss of Income (LOI): cost of Income (LO	% 100 (Agreed / Assessed) BOLA S/N No.: 27  \$\$ 2,700.00  \$\$ ( days)  \$\$ \$240.00 (\$ 80 x 3 days)  \$\$ (\$ x days)  \$\$ LOR + LOU LOR + LOI [Tick only one]  \$\$ 7.45  \$\$ \$\$ (e.g. Tow/ Independent )  \$\$ \$\$ \$\$ \$\$ (o.g. Tow/ Independent )  \$\$ \$\$ \$\$ \$\$ Confirm with:	1) Claim status: Normal/Roje. 2) Report Format: TP 3) Survey fee: \$320.	