

**ASSIGNMENT**Surveyor: TTKDOI: 28/10/2021Date / Time : 27/10/2021Registered in Merimen: 27/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLB 1988R

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 25/10/2021Place of Accident : JCT OF UBI AVE 2 AND UBI ROAD 1

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****SFC 988M**INSRS:  
WSP: **Teamwork**  
Tel : **Garage**  
Liability **Pte Ltd**  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time  |  | STAGE   | DATE / PIC  |
|---|--|---|---|
|   | <b>SFC 988M - CC3/III18021181/R1pa3q2 ; 09.07.2018</b>   | Non-Reporting ltr (1st):  |   |
|   | <b>SLB 1988R - X</b>   | Non-Reporting ltr (2nd):  |   |
|   |  | Non-Reporting ltr (Final):  |   |
|   |  | Notification ltr (if non-pickup):                                       |   |
|   |  | Call OI:  |   |
|   | <b>CLAIMANT - KUEK KIEN JOO</b>  | After call ltr to OI:   |   |
|   |  | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                      |
|   |  | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | After call ltr to OI:   | <input type="checkbox"/> <input type="checkbox"/> |
|   | <b>TPV: BMW 640i - 2979cc</b>  | Authorisation To Act:   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Release Voucher:  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Final Repair Bill:  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Car Rental Invoice:   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Towing Invoice  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | LTA / GIA :   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>01/07/2022</b>   | <b>TP CALL IN TO INFORM THAT THE CASE HAS BEEN SETTLE BY LAWYER AND THAT DV HAVE ALR SIGN AND RETURN TO AIG. SUBMIT WP</b> | Medical Bill:   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | PIR:  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Mandate/Reject Instruction:   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | LOD   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Payment Breakdown Form:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>   | Date/Time: _____ Sent By: _____  | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/> |
|   |  | Others:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>   | Date/Time: _____ Confirm with: _____ Confirm by: _____   |   |   |
| Repair Cost: <b>L/S</b>   | <b>S\$ 6100.00</b> ( <b>3</b> days) Reduction: <b>8781.70</b> % <b>59</b>  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |   |
| <b>FINAL SETTLEMENT</b>   | Date/Time: _____ Confirm with: _____   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Final Liability:  | % <b>50</b> (Agreed / Assessed) BOLA S/N No. : <b>9e</b>   | If NO or B 28, Ass. Lia :   |   |
| Repair Cost: 6527.00  | S\$  |   |   |
| Loss of Rental (LOR):   | S\$ ( _____ days)  |   |   |
| Loss of Use (LOU):  | S\$ (\$ _____ x _____ days)  |   |   |
| Loss of Income (LOI):   | S\$ (\$ _____ x _____ days)  |   |   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: <b>WP</b>   |   |
| Legal Cost  | S\$  | 3) Survey fee: <b>\$290.00</b>  |   |
| <b>Total:</b>   | <b>S\$</b>   | <b>Global Sum S\$:</b>  |   |
| <b>FINAL PAYMENT</b>  | Date/Time: _____ Confirm with: _____   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Payee 1:  | S\$ Name 1: _____  |   |   |
| Payee 2: (Strike if N.A.)   | S\$ Name 2: _____  |   |   |
| Payee 3: (Strike if N.A.)   | S\$ Name 3: _____  |   |   |