15/5/2010

INS. CASE OWNER: CC4/AIG21011241/Kra3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/11/2021 Date / Time : 03/11/2021

Pre-assign / CCU / FTE Registered in Merimen: 03/11/2021

Insured Vehicle No. : GBK 4325E Claim No. :

Name of Insured : GOLDBELL LEASING PTE LTD / DHL EXPRESS (S) PTE LTD Policy No. : 999993559

Insured Tel No. : HP: Make / Model : Toyota HIACE VAN TURBO

Excess Sec II :S$ D.O.A : 01/11/2021 12:05 Place of Accident : FERNVALE ROAD BLK 438A

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

If **NO**, Driver Name / Age : TAN KOK CHYE

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

Insured Liability : % **Final ? Yes / No**

SGU 9438T →

INSRS:
WSP: CITY AUTO
Tel : PTE LTD
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGU 9438T - X GBK 4325E - X
06/01/2022	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT REJECT AS PER AIG INSTRUCTION

Reject Case
By (staff) : Jasmin
Approved by : Yin
Date : 06/12/22

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: L/SUM	S$ 1,900.00	(4 days) Reduction: 32 %	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 + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		
Disbursement:	S$		1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Legal Cost	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Total:	S$	**Global Sum S$:**	3) Survey fee: 320.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	