15/5/2010

INS. CASE OWNER: Nursiah | CC3/AIG21011345/R1~~r3~~ p13. | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 08/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 2699E

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 31/10/2021 19:20

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHB 668T →

INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 668T - CS/SMR21011294/Buf3 ; 31/10/2021 CS/TIT09004962/Zw ; 04/03/2009 NBA/AIG21011207/Y ; 31/10/2021 NS/INC18006375/Svbn2 ; 04/04/2018 GBH 2699E - CS/SMR21011294/Buf3 ; 31/10/2021 NA/CTI19020457/r3 ; 18/11/2019 NBA/AIG21011207/Y ; 31/10/2021
12/10/22	AIG - To reject TP.
30/12/22	Email TP: Reject claim.

Reject Case
By (staff) : Hsiao Tong
Approved by : YW
Date : 30/12/22

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~~ Submit Date/Time: Confirm with: Confirm by:

Repair Cost: L/Sum S$ 32600.00 (10 days) Reduction: 46. % Excluded check items $ 20274.69 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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format: TP
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee: $ 320.00
Legal Cost	S$		
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:	