15/5/2010

INS. CASE OWNER: Ming Yao

| LKK: |
| IDAC: |

Surveyor: **Rasul**   DOI: **16/11/2021**

ASSIGNMENT

Date / Time : **16/11/2021**

Registered in Merimen: **16/11/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBE 3718T**

Name of Insured : **5 MASONS PTE LTD**

Insured Tel No. : ___ HP: ___

Excess Sec II :S$ ___   D.O.A : **15/11/2021**

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

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

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

Claim No. : **8369407137SG**

Policy No. : **7210034602**

Make / Model :

Place of Accident :

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

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

SHA 4406L →

INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:

→ INSRS:
WSP:
Tel :
Liability :
RMKS:

→ INSRS:
WSP:
Tel :
Liability :
RMKS:

→ INSRS:
WSP:
Tel :
Liability :
RMKS:

→ INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 4406L :
GBE 3718T : CC4/ASM21011729/Ura3 ; DOA : 15/11/2021

28/9/22	PIR against TP
29/9/22 –	Rejected TP claim as per AIG Instruction.

Reject Case
By (staff) : Hsiao Tong
Approved by : [signature]
Date : 30/9/22

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: ___   Confirm by:

FINALIZATION Date/Time: ___   Confirm with: ___   Confirm by:

Repair Cost: **Lsum** S$ **4600.00** (**4** days) Reduction: **48** %   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$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: Normal/(Reject)/Private Settle
Legal Cost	S$		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:	