

18/05/20

INS. CASE OWNER:

CC 4/AIG190

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTR



Insured Vehicle No. : 544 79026
 Name of Insured : KAYANATHI DLO RAMASAMY mps
 Insured Tel No. : 612114 HP: 612114 Model / Model : MAZDA
 Excess Sec II : \$
 Is driver the owner? (YES / NO) Nature of Accident :
 If NO, Driver Name / Age :
 Driver Tel No. : (V/L: YES / NO)
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>544 79026 - X</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	<u>31/01/2020 - VIC</u>
		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:		Post-Repair Photos:		☐	☐
					Others:		☐	☐
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost: <u>L6</u>		S\$ <u>2,500.00</u> (<u>5</u> days)		Reduction: <u>5</u> %		Email	☐	Call ☐
FINAL SETTLEMENT		Date/Time: <u>26/11/2021</u>	Confirm with: <u>Tristan Farhan</u>		Email ☒		Call	☐
Final Liability:		% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :				
Repair Cost: <u>2,675.00</u>		S\$ <u>1,337.50</u>		<u>(BOTH TURNING - MERGING)</u>				
Loss of Rental (LOR):		S\$ (days)						
Loss of Use (LOU): <u>360.00</u>		S\$ <u>180.00</u> (\$ <u>60</u> x <u>3</u> days)						
Loss of Income (LOI):		S\$ (\$ x days)						
LOR only ☐		LOU only ☒		LOR + LOU ☐		LOR + LO ☐ [Tick only one]		
GIA/LTA Search		S\$ <u>2.00</u>						
Medical:		S\$						
Disbursement:		S\$		1) Claim status: Normal Reject Private Conte <u>CLAIM</u>				
Legal Cost		S\$		(e.g. Tow/ Independent)		2) Report Format:		
Total:		S\$ <u>1,519.50</u>		Global Sum S\$: <u>1,500.00</u>		3) Survey fee: <u>\$ 220.00</u>		
FINAL PAYMENT		Date/Time:	Confirm with:		No Bill to AIG			
Payee 1:		S\$ <u>1,500.00</u>	Name 1:		Email ☒		Call	☐
Payee 2: (Strike if N.A.)		S\$	Name 2:					
Payee 3: (Strike if N.A.)		S\$	Name 3:					

Reject Case
 By (start) : JASPER
 Approved by : Vin
 Date : 07-7-20

REJECT TP

1) Claim status: Normal/Reject/Private Settle - CLAIM

2) Report Format:

3) Survey fee:

\$ 220.00

No Bill to AIG