15/5/2010

LKK:
IDAC:

INS. CASE OWNER:

CC3/AIG21012116/Kpa3

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 29/11/2021   Date / Time : 29/11/2021

Registered in Merimen: 29/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No.   : **SMN 3264H**   Claim No.   :

Name of Insured   :   Policy No.   :

Insured Tel No.   :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/11/2021   Place of Accident :

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**

SMZ 2799A ———▶ ———▶   ———▶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TRANS-**	WSP:	WSP:	WSP:
Tel : **CAB**	Tel :	Tel :	Tel :
Liability **AUTO**	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMZ 2799A - X SMN 3264H - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	*AIG EMAIL(MING YAO):	Call OI:	
	The last I spoke to Jasmine.	After call ltr to OI:	
	TP did not send in the car to repair and since	**Documentation Check List: Handler Typist**	
	it is a year inactive..	Notification ltr (if non-pickup)	
	Please submit bill (if any) and close the file	After call ltr to OI	
	in Merimen.	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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

Repair Cost: **P/P**   S$ 1,181.58 (2 days) Reduction: 91 % Excluded check items   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time:	Confirm with	$249.53 Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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$	1) Claim status: Normal/Reject/Private Settle /WP	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S$	3) Survey fee: $290.00	
Total:	**S$** 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:		