15/5/2010

INS. CASE OWNER: CC4/AIG22002720/Epa3

LKK:

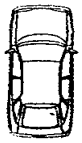
IDAC:

ASSIGNMENT

Surveyor: STEVE CHEN DOI: 24/03/2022 Date / Time : 24/03/2022

Registered in Merimen: 24/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 3122X Claim No. :

Name of Insured : LAURA ONG ME QI Policy No. : 2100508499

Insured Tel No. : HP: Make / Model : Subaru Forester

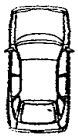
Excess Sec II :S$ D.O.A : 07/03/2022 18:00 Place of Accident : AYE (TUAS) BEFORE NORMANTON PARK EXIT

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

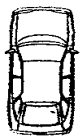
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

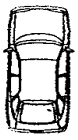
SMM 4926E → SLN 3122X → SJX 2146E → SND 1113P



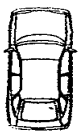
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJX 2146E - NA/CTI22002132/r3 ; 07.03.2022	**STAGE** **DATE / PIC**
	SLN 3122X - CC4/GRB22002307/Aea3 ; 07/03/2022	Non-Reporting ltr (1st):
	NA/AIG22002219/m4; 07/03/2022	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Notification ltr (if non-pickup):
	SJX2146E Date of Loss: 07/03/2022 (TP)	Call OI:
	Insurer: AIG Asia Pacific Insurance Pte. Ltd.	After call ltr to OI:
	Repairer: BIS Automobiles Pte Ltd (HQ)	**Documentation Check List: Handler Typist**
		Notification ltr (if non-pickup)
	Please CONFIRM that this is NOT the same case you are creating.	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$		3) Survey fee:
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:	