15/5/2010

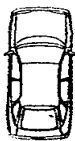| INS. CASE OWNER: | **CC6/AIG22005810/Apa3** | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: **ADRIAN** DOI: **13/06/2022** Date / Time : **13/06/2022**

Registered in Merimen: **20/06/2022**

Pre-assign / CCU / FTE

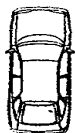| Insured Vehicle No. : **GW 5245Z** | Claim No. : |
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **08/06/2022 11:05**	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :
If **NO**, Driver Name / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SMA 7885H ———→ ———→ ———→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **SM**	WSP:	WSP:	WSP:
Tel : **AUTOMOTIVE**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			DATE / PIC
SMA 7885H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG21007714/r3 16/07/2021 NOR AZRIL BIN SAHFERI GBH 9095B SMA 7885H 15/07/2021 17/08/2021 RBW NA/AIG22005477/r3 09/06/2022 SEKAR AATHI GW 5245Z SMA 7885H 08/06/2022 16/06/2022 RBW		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
GW 5245Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG22005477/r3 09/06/2022 SEKAR AATHI GW 5245Z SMA 7885H 08/06/2022 16/06/2022 RBW		Authorisation pickup:	
		Call OI:	
		After call ltr to OI:	

		Documentation Check List:	**Handler**	**Typist**
20/07/2022	*TP informed that OI had private settle with them.* *Submit WP to AIG*	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:		☐

PRELIMINARY ADVICE Date/Time: Sent By:

| | | Post-Repair Photos: | ☐ | ☐ |
| | | Others: | ☐ | ☐ |

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/sum** S$ **1,600.00** (**3** days) Reduction: **71** % 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 **/WP**
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$250.00**
Total:	**S$** 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: