INS. CASE OWNER: Bonnie.   CC6/AIG22006313/Kpa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **KENNETH** DOI: 30/06/2022   Date / Time : 30/06/2022
Registered in Merimen: 03/07/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBL 1397L**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : 28/06/2022 13:15   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**

SMX 9816Z → → _____ →

| INSRS: WSP: **JIN HUAT &** Tel : **CO** Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time	SMX 9816Z - X	GBL 1397L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
13/7/22	AIG instruction to reject as OI video		Call OI:	
	shows TP reversed.		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:		

Reject Case
By (staff) : _____
Approved by : _____
Date : 13/07/22.

Hsiao Tong

PRELIMINARY ADVICE Date/Time:	Sent By:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: PIP S$ 1671.08 (3 days) Reduction: 76 %   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: TP
Legal Cost	S$	3) Survey fee: $ 320.00
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:	