15/5/2010

INS. CASE OWNER:

CC6/AIG20010407/Upa3q2-1

~~CC6/AIG20010407/Ues3~~

LKK:

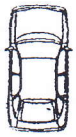
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 29/09/2020 Date / Time : 29/09/2020

Registered in Merimen: 29/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 3248M Claim No. :

Name of Insured : JAYAKRISHNAN BALACHANDRAN Policy No. :

Insured Tel No. : HP: Make / Model :

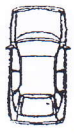
Excess Sec II :S$ D.O.A : 31/08/2020 Place of Accident :

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

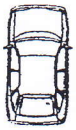
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

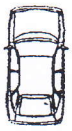
FBL 633L → → →



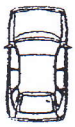
INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBL 633L : X ; SMC 3248M : X
16.03.22	AIG APPROVED TO REJECT TP CLAIM

Reject Case
By (staff) : Asher
Approved by : [illegible]
Date : 16/03/22

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: 1,650.00 Confirm with: Confirm by: CKS

Repair Cost: L/S S$ ~~950.00~~ (3 days) Reduction: ~~72~~ % 62 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: ~~15.03.22~~ 30/01/2023 Confirm with Raymond Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,765.50	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 60.00 ($20 x 3 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$	3) Survey fee: $320
Total:	S$ 1,827.50 **Global Sum S$:**	(30/01/23 - NO BILL TO AIG)

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1,827.50	Name 1:	BAN HOCK HIN CO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	