

ASSIGNMENT

CC4/AIG21009762/Ea3q2-1

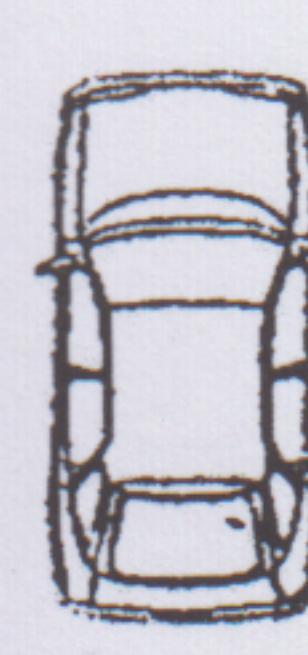
Surveyor: **STEVE**

DOI: **20/09/2021**

Date / Time : **17/09/2021**

Registered in Merimen: **18/09/2021**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJZ 7799C**

Claim No. : **4383471116SG**

Name of Insured : _____

Policy No. : **2070035082**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **16/09/2021 15:00**

Place of Accident : **SENGKANG WEST AVE JUNCTION**

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)

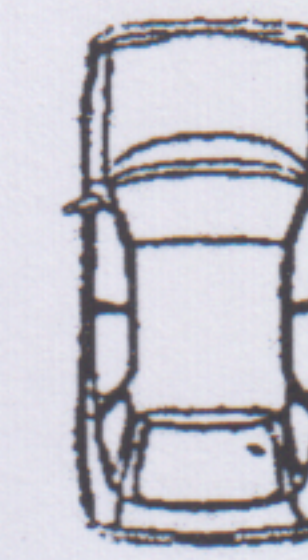
Insured Liability : % **Final ? Yes / No**

CB 7359Z

→

→

→



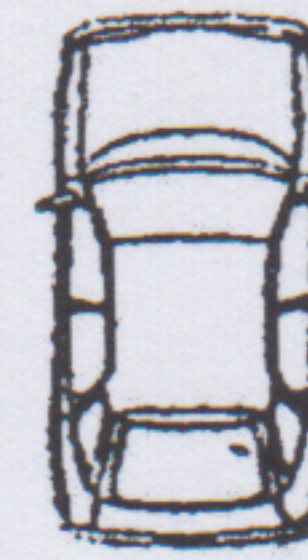
INSRS:

WSP: **Connect 3**

Tel : _____

Liability : _____

RMKS: _____



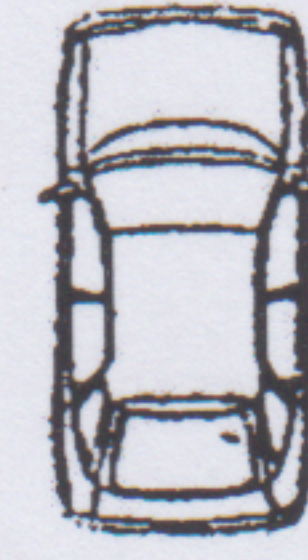
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



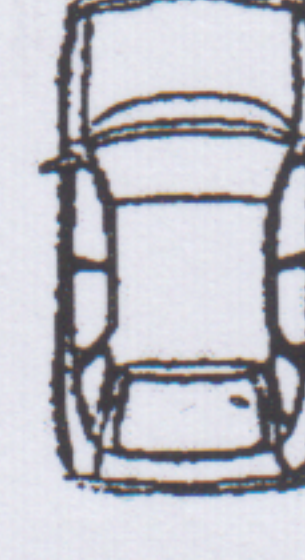
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time			STAGE	DATE / PIC
	CB 7359Z - X	SJZ 7799C - X	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: **1,359.70**

Confirm with: **482.30**

Confirm by: _____

Repair Cost: **PIP**

S\$ **xxxxxxx** (**3** days) Reduction: **xxxxxx** % **xxx**

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: **23/09/2022**

Confirm with **WINNIE**

Email ☐ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**

If NO or B 28, Ass. Lia : _____

Repair Cost: **W GST**

S\$ **1,454.88**

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ **300.00** (\$ **100.00** x **3** days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ **2.00**

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ **1,756.88**

Global Sum S\$: _____

FINAL PAYMENT

Date/Time: _____

Confirm with: _____

Email ☐ Call ☐

Payee 1: S\$ **1,756.88**

Name 1: **Connect3**

Payee 2: (Strike if N.A.) S\$ _____

Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____

Name 3: _____

note : no bill to AIG

note : no bill to AIG