

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 28/09/2022 Date / Time : 28/09/2022
Registered in Merimen: 03.10.2022

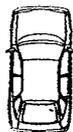
Pre-assign / CCU / FTE



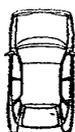
Insured Vehicle No. : SNB 182G Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 26.09.2022 21:26 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

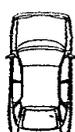
SHD 5322Y → → → →



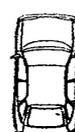
INSRS:
WSP: TRANS-CAB
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Shd Created By	DATE / PIC
	CC3/AIG10020434/Kn1k2g1 01/02/2011 SHD 5322Y SGG 9839T 10/10/2010 01/02/2011	TCY	
	CC3/AIG15017302/Kpa3q2 05/05/2016 SHD 5322Y SJC 333E 08/10/2015 06/05/2016	Non-Reporting ltr (1st):	
	CC3/CTI21008908/Kea3q2 19/11/2021 SHD 5322Y GBH 1227R 20/08/2021 30/11/2021	Non-Reporting ltr (2nd):	
	CS/AGI20001903/Kqd3n2 24/03/2020 SHD 5322Y SLE 5873X 24/01/2020 24/03/2020	Non-Reporting ltr (Final):	
	NA/FWD20006842/h4 30/06/2020 NEO JIE LUN BENJAMIN SLS 6984D SHD 5322Y 27/06/2020 03/07/2020 USH		
SNB 182G - X		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
<u>08/05/2023</u>	AIG INSTRUCTION TO CLOSE WP. THEY WILL SETTLE DIRECTLY WITH TP WKSP	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 1,500.00 (2 days) Reduction: 86 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$		1) Claim status: Normal/Reject/Driver's Settle /WP	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$290.00	
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ Name 1:			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			