15/5/2010

INS. CASE OWNER: Kimm | CCH/AIG160 10792, AIG3. | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 13/6/16 Date / Time : 10/6/16

Registered in Merimen: 10/6/16.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJX8004S.	Claim No. :	8653337110SG
Name of Insured :	Oceanvision Pte Ltd.	Policy No. :	
Insured Tel No. :	HP: 96640641	Make / Model :	Audi Q7-3.0 TFSI Quattro S-line
Excess Sec II :S$	D.O.A : 9/6/16.	Place of Accident :	East coast parkway East Bound near parkway Parade
Is driver the owner?	(YES / NO) (NO circled)	Nature of Accident :	
If NO, Driver Name / Age :	Ian Johnson	OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	96640641 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

PB1. SBE8113E → SJX8004S → SGW5954K → SHD1899B. → →

INSRS: WSP: Tel : Liability : OI RMKS:	INSRS: TP. WSP: N-51 Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
14/6/16 VL-	SGW5954K - NA/INC160/0750/r3 DOA 9/6/16 SJX8004S - NA/INC160/0750/r3 DOA 9/6/16.
27/07/16 @ 10:38AM	SPOKE TO OI MR IAN @ 96640641. HE CONFIRMED ACCIDENT DETAILS & REAR ENDED TP IN C.C. INFORMED TP CLAIMS & NCD ISSUES. SENT LETTER TO OI. FILE PASS TO QA.
18/08/16	- EMAIL LIABILITY CLEAR. - PENDING FINALISATION
13-11-17	TO EXPEDITE PROCESS OF SETTLEMENT- - FINALISED. - TP AUTHORITY. NO TP LOU IN YET.
22/06/18	- EMAIL TO AIG TO TEMP. CLOSE CASE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	} 27/7/16 - SYAF) EMAIL [illegible] 29/7
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: Confirm with: Confirm by:

Repair Cost: LG S$ 9,800.00 (21 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100. (Agreed / Assessed) BOLA S/N No. : 28 ✓	If NO or B 28, Ass. Lia : OI ✓
Repair Cost:	S$ –	(5 VEH, C.C, OI 4th VEH) ✓
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ – ($ x days)	TP AUTHORITY
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: WP REPORT
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: –