

INS CASE OWNER:

CC 3 / LCR170 22449 / RIWA3

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor:

RASUL

DOI:

23/11/17

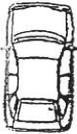
Date / Time :

23/11/17

Pre-assign / CCU / FTE

Registered in Merimen:

24/11/17



Insured Vehicle No. : SLF 2023Y

Claim No. : \_\_\_\_\_

Name of Insured : LCR

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 21/11/17

Place of Accident : \_\_\_\_\_

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

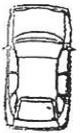
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

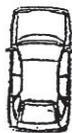
SHB 5324C



INSRS:  
WSP: SMART Auto Woodlands  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHB 5324C</u>	- CS/TIT08027286/170 DDA: 20/09/08	
	- CS/TEI10022444/RIW1 DDA: 05/11/10	
	- NA/INC16019277/c3 DDA: 18/10/16	
	- NJM/INC09000162/zy1 DDA: 02/01/09	
	- NS/INC16019908/1K16b3n2 DDA: 18/10/16	
<u>SLF 2023Y - X</u>		
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent )		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$ _____		2) Report Format: _____
Total: S\$ _____ Global Sum S\$: _____		3) Survey fee: _____
<b>FINAL PAYMENT</b> 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: _____		

**Hsiao Tong (LKKAUTO)**

**From:** Mutalip, Nurashikin <Nurashikin.Mutalip@aig.com>  
**Sent:** Wednesday, 11 October, 2017 3:35 PM  
**To:** Hsiao Tong (LKKAUTO)  
**Cc:** Quek, Joyceline-CH; Rumli, Sharizah; Paramchand, Varsha; CL.svc.amb8; Yong, Ivy-AV; Admin A; Admin-B  
**Subject:** RE: SID 12027572 Claim No 5240804099SG - Insd dispute on TP claim payout

Hi Hsiao Tong,

Please advise if the LCR hirer has been contacted?

Thanks and Regards,  
Ekynn

RC = \$585.08  
COR - \$258.56 (129.28 x 2)  
COU - \$100  
5.35

**From:** Yong, Ivy-AV  
**Sent:** Thursday, October 05, 2017 10:00 AM  
**To:** Hsiao Tong (LKKAUTO)  
**Cc:** Quek, Joyceline-CH; Rumli, Sharizah; Mutalip, Nurashikin; Paramchand, Varsha; CL.svc.amb8  
**Subject:** RE: SID 12027572 Claim No 5240804099SG - Insd dispute on TP claim payout

Hi Hsiao tong,

LCR hirer dispute on the TP damage, kindly contact hirer @ 92203903.

Thank you

Ivy Yong  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120  
Tel +64191637 | Fax +68357416  
[Ivy-AV.Yong@aig.com](mailto:Ivy-AV.Yong@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** Mutalip, Nurashikin [<mailto:cl.svc.amb8@aig.com>]  
**Sent:** Thursday, October 05, 2017 9:52 AM  
**To:** Yong, Ivy-AV  
**Cc:** Quek, Joyceline-CH; Rumli, Sharizah; Mutalip, Nurashikin; Paramchand, Varsha  
**Subject:** SID 12027572 Claim No 5240804099SG - Insd dispute on TP claim payout

24 30  
26 31  
27  
28  
29

LKS 1619@yahoo.com.sg

**Referral & Escalation Form**

**Staff:** Mutalip, Nurashikin

