15/5/2010

INS. CASE OWNER: CC 6/AIG1702 2951 / A Wah

LKK:
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/12/17 Date / Time : 6/12/17

Registered in Merimen: 6/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SBH 59K Claim No. : 861486606 5H

Name of Insured : JEANNIE LIEAH YN LIN Policy No. : 700719168X-05

Insured Tel No. : HP: 96706686 Make / Model : TIGUAR

Excess Sec II :S$ D.O.A : 01/12/17 Place of Accident : JLR MAMBOW & MOHAMD KD

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**

SLD 6278X → → →

INSRS: WSP: premium Tel : Liability : RMKS:

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Date/ Time	
6/12/17	SLD 6278X - K SBH 5912 - Y
12	
06/12/17	- FILE REVIEWED. CONFLICTING VERSIONS. OI REPORTED TP WAS EXITING FROM MINOR ROAD. TP REPORTED HE WAS ON LEFTMOST LANE & OI ENCROACHED INTO THE LANE. - GUILT LIABILITY UNCLEAR.
10/01/18 @ 3:14PM	- CCO CALL IN. SPOKE TO OI. CONFIRMED ACCIDENT DETAILS & WAS INFORMED OF LIABILITY & TP CLAIM. OI NO EVIDENCE, HER CLAIM WAS REJECTED. SHE ALSO INSISTED NOT AT FAULT. REPLIED CCO. - TO SEND LETTER TO OI.
29/01/18	- SEND LETTER TO OI.
26/10/18	- TP INACTIVITY. EMAIL TO AIG TO FOLLOW. CLOSE THE MATTER. - PREMIUM CARS CLOSED OFF CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	10/01/18 - VK
After call ltr to OI:	29/01/18 - VK

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$ 4,680.00 (4 days) Reduction: % Email ☐ Call ☐

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

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	S$ –	
Medical:	S$ –	
Disbursement:	S$ –	(e.g. Tow/ Independent)
Legal Cost	S$ –	
Total:	S$ –	Global Sum S$:

If NO or B 28, Ass. Lia :

NO SETTLEMENT
WP REPORT
TP INACTIVITY

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: $320.00

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:	–