15/5/2010

INS. CASE OWNER: CHOE HENG | CC 6/AIG1702 2571, U 6443 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 19/11/14 Date / Time : 18/11/14

Registered in Merimen: 18/11/14

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 520R Claim No. : 5391647433 44

Name of Insured : U Dampam Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/11/14 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**

SU 9457A → → →

INSRS: WSP: Tel : Liability : RMKS: pedestrians

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Date/ Time	
16/11/14 VC	SU 9457A - X SLK520R - ✓
	- NO OI GIA, SENT OUT 1st LETTER.
	- OI GIA REPORT IN.
	- OI REPORTED NO ACCIDENT.
	- OI CCTV FOOTAGE IN. V DRIVE/VIC/SLK520R.
	- BOTH CHANGED LANE.
17/01/15	- EMAIL LIABILITY UNCLEAR.
	- PINALTIED.
04/02/15	- CHOE HENG (AIG) CALLED IN & EMAIL. HE ALREADY SPOKE TO OI'S BF MR DANIEL. AGREED TO SETTLE TP CLAIM AT COST. INFORMED TO ASK W/ TP & WITHDRAW LAWYER.
	- PIR AGAINST OI.
	- SEND EMAIL TO TP TO WITHDRAW CLAIM & FORWARDED LOD.
16/11/15	- TP EMAIL & WHETHER HANDLED BY OWNER. EMAIL TO AIG IF CAN SUBMIT WP REPORT.
	- AIG AGREED SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	04/09/15-VC

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: - AGAINST OI	✓	
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

- TO CLOSE.

REALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 19 S$ 800.00 (2 days) Reduction: 40 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	TP PKG LAWYER NO SETTLEMENT
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$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: $250.00
Total:	S$ — Global Sum S$:	

URGENT

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:	—