15/5/2010

INS. CASE OWNER: | CC 4/AIG1702 3594/4463 | LKK: | IDAC:

ASSIGNMENT

Surveyor: XGQ | DOI: 11/11/17 | Date / Time : 17/11/17
Registered in Merimen: 17/11/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGR 2959T	Claim No. :	86958076794
Name of Insured :	CHIA SEOW POH KAREN	Policy No. :	2100390192-03
Insured Tel No. :	HP: 97779503	Make / Model :	MAZDA
Excess Sec II :S$	D.O.A : 6/11/17	Place of Accident :	CP - BLK 116 BT BATOK WEST AVE 6 LOT NO42
Is driver the owner? (YES / NO) (YES circled)	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SKV 8048P → ______ → ______ → ______

INSRS: Ethizarz WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
14/11/17 VIC	SKV 8048P - X SGR 2959T - X
14/12/17	- AIG INSTRUCTED TO REDIRECT TP CLAIM TO INSURER OF SHD 9658B (TAXI)
	- FILE REVIEWED. TAXI HIT 2 PARKED VEHICLES.
	- BOLA 2B DOES NOT APPLY.
	- EMAIL TO TP TO REDIRECT CLAIM TO TAXI INSURER.
	- EMAIL TO AIG TO SUBMIT WP REPORT.
18/01/18	- TO CLOSE & 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:	Vic
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: S$ (days) Reduction: % 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$ -	"NO SETTLEMENT
Loss of Rental (LOR):	S$ - (days)	WP REPORT"
Loss of Use (LOU):	S$ - ($ x days)	REDIRECT CLAIM
Loss of Income (LOI):	S$ - ($ x days)	"DAR"
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: $ 180.00
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:	-