15/5/2010

INS. CASE OWNER: [illegible] | CC 3 /AIG1702 4371 / 1063 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 26/12/17

Registered in Merimen: 26/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFZ 1643X	Claim No. :	356615685854
Name of Insured :	Hisashi Miyagawa	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 04/12/17	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**

SEQ 4277Y → ______ → ______ → ______

INSRS: performance	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
28/12/17	SEQ 4277Y – WSA/ [illegible] 16016190/4 DOA: [illegible]
	SFZ 1643X – X
VIC	– NO OI GIA, SENT OUT 1st LETTER.
4/1/18 @ 11.15 am	– spoke to OI aware of the accident and will report to reporting centre ASAP –
24/01/18	– OI GIA REPORT IN.
	– TO GET TP CONV.
25/1/18 @ 1030hrs	: Spoke to OI, Mr Hisashi Miyagawa @ 9437 8176, OI do not have any w/v footage or evidence to the accident agreed to settled and aware of NCD issue. Will sent letter
05/02/18	– SEND LETTER TO OI,
	– PENDING TP CONV/EVIDENCE.
22/11/18	– EMAIL TO AIG TO CANCEL CASE.
22-11-18	TO CANCEL FILE NO SURVEY.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	4/1/18 – Sin Hana.
After call ltr to OI:	05/02/18 – VIC ok

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. : NIL	If NO or B 28, Ass. Lia : NIL – OI REVERSED
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ – ($ x days)	CANCELLED
Loss of Income (LOI):	S$ – ($ x days)	NO SURVEY DONE
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:
Legal Cost	S$ –	3) Survey fee:
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:	–