

15/5/2010

INS. CASE OWNER:

BENJAMIN

CC 3 /AIG1702

4371 /

W63

LKK:

IDAC:

ASSIGNMENT

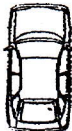
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFZ 1643X

Claim No.:

256625685858

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:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SFZ 4277Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
28/12/17	SFZ 4277Y - NOA (MAY 1606190/4) NOA: 16/12/17	Non-Reporting ltr (1st):	
vic	SFZ 1643X - X	Non-Reporting ltr (2nd):	
	- NO OI GIA, SENT OUT 1st LETTER.	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 ac	
4/1/18 A 11:15 am	- spoke to OI aware of the accident and will report to reporting centre ASAP -	Documentation Check List:	Handler
24/01/18	- OI GIA REPORT IN.	Notification ltr (if non-pickup)	
	- TO GET TO CORN.	After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
25/1/18 10:30 hrs	- spoke to OI, Mr Hisashi Miyagawa A 96378136, OI do not have any LTR Footage or evidence to the accident agreed to settled and aware of NED issue. will sent letter	Car Rental Invoice:	
05/02/18	- SEND LETTER TO OI.	Towing Invoice	
	- TOWING TO CORN/REPAIRANCE.	LTA / GIA:	
22/1/18	- GIVE TO AIG TO CANCEL CASE.	Medical Bill:	
22-11-18	- TO CANCEL FILE NO SURVEY.	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
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\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: