

INS. CASE OWNER:

Chue Heng

CC 3 / AIG170 24553 / K1h^b3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

27/12/17

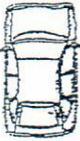
Date / Time:

27/12/17

Registered in Merimen:

28/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 2884A

Claim No. : 331530705059

Name of Insured : SOD OEW KOKE

Policy No. : 2100127328

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 25/12/17

Place of Accident : C15 TOWARDS SLE

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : jem.ethankoh@gmail.com I GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SHA 1506B



INSRS: WSP: CDGE (Loyang) Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
04/01/18 (vic)	Notification ltr (if non-pickup):	
	Call OI:	
4/1/18 @ 3.43pm -	After call ltr to OI:	27/12/18 - vic
4/1/18 @ 3.50pm -	Documentation Check List: Handler	Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$1P	\$55.00 (2 days) Reduction: 29 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 26/02/19	Confirm with: ALISON	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/gst) \$486.85		LOD REAR - BNOOD TP)
Loss of Rental (LOR): \$375.57 (3 days) X \$125.19		
Loss of Use (LOU): \$150.00 (\$ 50 x 3 days)		
Loss of Income (LOI): \$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search \$7.49		
Medical: \$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$ -	(e.g. Tow/Independent)	2) Report Format:
Legal Cost \$ -		3) Survey fee: \$320.00
Total: \$1,019.91	Global Sum \$: 1,010.00	
INITIAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$1,010.00	Name 1: COMPOBOLGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.) \$ -	Name 2: -	
Payee 3: (Strike if N.A.) \$ -	Name 3: -	

CHU

REFERENCE NUMBER	000114170245531 k1h3
DATE / TIME	ACTIONS / REMARKS
07/02/19	- AIG INTERVIEWED TO INQUIRE OJD WHETHER HE DID CONSUME ANY ALCOHOL PRIOR TO ACCIDENT. ANY OUTSTANDING OFFENCES OR CHARGES TO OJD. IF NONE, LET OJD SIGN UNIMPAIRING LETTER w INTERVIEW FORM BEFORE ANY SETTLEMENT.
15/02/19 @ 2:00PM	- CALL OJD. NO RESPONSE.
14-02-19	TO CHECK WITH AIG THE AGE OF DRIVER IS NOT YET 23 YRS. SO ENDT 2(1) IS APPLICABLE TO SECTION I & II FOR ENDORSEMENT NO 2(ii) BEFORE PROCEED.
14/02/19 @ 5:10PM	- CALL OJD. NO RESPONSE. - OJD CALLED BACK. SUNK HIM PHONE. HE WILL FORWARDED BACK TO US.
21/02/19	- DOCS IN.
25/02/19	- AIG AGREED TO 945.
26/02/19	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
07/03/19	- ALL DOCS IN ORDER - TO CLOSE.

(2/2)