

INS. CASE OWNER: Jalila | CC3 /AIG12011536 | <sup>14/03/14</sup> 14/03/14 | LAM IDAC: 12.6.12 | me

**ASSIGNMENT**

Surveyor: KSC (KENNETH) | DOI: 11-06-2012 | Date/Time: 11-06-2012

Registered in Merimen: 12-06-2012  
 Pre-assign/CCU/FTE : 800579113



Insured Vehicle No.: SJH 4803 M | Claim No.: 2100268686 - 00000  
 Name of Insured: TAY CHIN RENG | Policy No.: 2100268686 - 00000  
 Insured Tel No.: HP: 90884282 | Make/Model: TOYOTA AVALON  
 Excess Sec II :SS | D.O.A: 10-06-2012 | Place of Accident: SIDE ROAD OF TAMPINES ST T2 (NEAR BLOCK 735)  
 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.: \_\_\_\_\_ | (VL) YES / NO Insured Liability: \_\_\_\_\_ % Final ? Yes / No

	<u>SJD 5978 E</u>				
INSRS: <u>FCU</u>	INSRS: _____	INSRS: _____	INSRS: _____	INSRS: _____	INSRS: _____
WSP: <u>TRANSCAB</u>	WSP: _____	WSP: _____	WSP: _____	WSP: _____	WSP: _____
Tel: _____	Tel: _____	Tel: _____	Tel: _____	Tel: _____	Tel: _____
Liability: _____	Liability: _____	Liability: _____	Liability: _____	Liability: _____	Liability: _____
RMKS: _____	RMKS: _____	RMKS: _____	RMKS: _____	RMKS: _____	RMKS: _____

Date/Time	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? ( YES / NO )	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: _____ Insurance Company: _____	Apt letter to OI:	
	<u>CHD5978E - NA/AIG12011428 /S2</u> <u>10/6/12</u>	Call OI:	
	<u>- CS/MSG1100 8909/GVN</u> <u>12/5/11</u>	After call ltr to OI: <u>26/3/2014</u> <u>Dim</u>	
	<u>SJH4803M - NA/AIG12011428 /S2</u> <u>10/6/12</u>	Type Report:	
<u>14/06/12 @ 12:50PM</u>	<u>CALL OI, NO ANSWER.</u>	Prepare Invoice:	<u>16/3/14</u>
		Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		Approval Email:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<u>14/06/12</u>	<u>Call TP's repairs. No answer.</u>		
<u>16/6/12</u>	<u>Called TP wsep. No answer.</u>		
<u>17/6/12</u>	<u>No witness statement. Will resort to LIS again to confirm.</u>		
<u>5/3/13</u>	<u>- get witness, but statement not get in. Rec'd email from Charis to update on status. Pending for TP witness statement.</u>	<u>13.06.2013</u>	
<u>11/3/13</u>	<u>Case mtg from Sharon to main.</u>	<u>No witness statement to get. Witness of uncontractable.</u>	
<u>18/3/13</u>	<u>Will get TP statement to us next round.</u>	<u>to settle of 50-50%</u>	
<u>12/4/13</u>	<u>Pending witness statement.</u>	<u>27.09.2013</u>	
<u>12/6/13</u>	<u>No witness statement from TP. get contact number. try if car accepted 50/50.</u>	<u>For Jasmin Transcab to check.</u>	
<u>13.06.2013</u>	<u>Bulk settlement by transcab. No witness statement to get witness if uncontractable to settle of 50/50</u>		

FINAL SETTLEMENT	Date :	Confirm with			BOLA SN No. : <u>N/L</u>
Repair Cost:	SS	Final Liability	SD	% (Agreed / Assessed)	If NO or B 28, Ass. Lia :
Loss of Rental:	SS	( days)			Submit w/p report
Loss of Use:	SS	x days)			# 3.20/-
Disbursement:	SS				
Total:	SS	Global Sum: SS			

25/3/2022 - To cancel ref. Timbared case.