15/5/2010

INS. CASE OWNER:

CC 4/AIG1800 0682 / KW63 /

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH　　DOI: 24/01/18　　Date / Time: 11/1/18

Registered in Merimen: 11/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKM 8601P　　Claim No. : 6536599 9455 4

Name of Insured : TAN KIM CHWEE　　Policy No. : 21004 70078-03000

Insured Tel No. :　　HP: 97729596　　Make / Model : AUDI

Excess Sec II :S$　　D.O.A : 09/01/18　　Place of Accident : SERANGOON GARDEN MARKET CP

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**

GBE 4377 →　→　→

INSRS: poon	INSRS:	INSRS:	INSRS:
WSP: Siang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Seow	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
15/1/18 WC	GBE4377-Y　　SKM8601P-Y
16/1/18 @ 1043:	called OI, Mr Tan kim chwee, 97729596 but no respond. will sent letter -
19/01/18	- SEND LETTER TO OI. TO FOLLOW UP CALL OI.
22/1/18 @ 1245 hrs:	spoke to OI, @ 96455866 agreed to settle on TP's claim, aware of NCD issue.
	- FINALISED
29/01/18	- EMAIL LIABILITY UNCLEAR.
21/03/18	- AIG RECEIVED TP LAWYER LOD. REPLIED EMAIL.
	- AIG INSTRUCTED SUBMIT WP REPORT.
	- NO SETTLEMENT.
	- TO CLOSE CASE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/1/18 > SH
After call ltr to OI:	19/01/18 - VIC OA

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: WP	✓	
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time:　　Sent By:

FINALIZATION Date/Time:　　Confirm with:　　Confirm by:

Repair Cost: TP　S$ 1,738.37 (3 days) Reduction: 55 %　　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 : CONFLICTING VERSION
Repair Cost:	S$ —		- CALL OI / SEND LETTER
Loss of Rental (LOR):	S$ —	(days)	- SURVEY TP VEHICLE
Loss of Use (LOU):	S$ —	(S$ x days)	- LIASE WITH TP WORKSHOP
Loss of Income (LOI):	S$ —	(S$ x days)	TP PASS LAWYER
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	NO SETTLEMENT
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: $320.00
Total:	**S$** —	**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:	—