15/5/2010

INS. CASE OWNER: Rasheed | CC 3 / AIG18001026 / hf3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/01/18

Registered in Merimen: 17/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 1133E — Claim No. : 2853111024SG

Name of Insured : CHUA CHIN GUAN ADRIAN — Policy No. : 170001361O

Insured Tel No. : _____ HP: 9797 1133 — Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 14/01/18 — 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**

SLR 7986Y → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Performance Chevrolet	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLR 7936Y - X ; SKK 1133E - X
22/01/18 (Mic)	* OI NR - SEND FIRST LETTER TO OI.
	22/1/18 @ 1950hrs: spoke to OI, Mr Chua @ 97971133 OI claims already lodge a report last week.
05/02/18	29/1/18 @ 1515hrs: called OI, Mr Chua Adrian @ 97971133 but no respond. will sent out letter - SEND LETTER TO OI. - EMAIL CHECKLIST UNCHECK - TP SCENE PHOTOS IN.
05-02-18	TP CAN PROVIDE PHOTO OF ACCDT SCENE. IT IS EASIER FOR US TO DETERMINATE LIABILITY. (SEE COMMENT ON O/I'S SKETCH PLAN)

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: 05/02/18 - DK	

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: 22-01-19 — Sent By:

TO CANCEL FILE NO SURVEY.

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 :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	"CANCELLED" NO SURVEY
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [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: —	

C1/2)

REFERENCE NUMBER	CCS/AG/1800/1026/ Uby
DATE / TIME	ACTIONS / REMARKS
13/07/18 @	- SPOKE TO CAROLINE. OWNER DID NOT DO OB CLAIM. NO
5:50PM	REPAIR DONE YET. NO VIDEO FOOTAGE, ONLY THE SCENE
	PHOTOS.
04/10/18	- AIG EVALUER. RECEIVED UIL FROM TP.
	INSTRUCTED TO SUBMIT WP. HOWEVER, NO SURVEY DONE.
	TO CANCEL CASE.

(2/2)