

INS. CASE OWNER:

CC 9/AIG1800

LKK:

IDAC:

Surveyor:

Tandish

DOI:

ASSIGNMENT

21/01/18

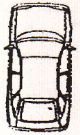
Date / Time:

21/01/18

Registered in Merimen:

21/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGX 8187H

Name of Insured:

LEE KIM YONG

Insured Tel No.:

HP:

85189911

Excess Sec II :\$S

D.O.A.:

16/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

456815344356

Policy No.:

2100458694

Make / Model:

LYRIEN

Place of Accident:

7th Board LAY.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

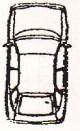
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PR 5690J



INSRS:

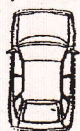
WSP:

Tel:

Liability:

RMKS:

A.S. phoon



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
21/1/18	PR 5690J - P	Non-Reporting ltr (1st):	
	SGX 8187H - P	Non-Reporting ltr (2nd):	
W	REQUEST FOR OI COW PICKUP.	Non-Reporting ltr (Final):	
	CHECK OI ACTION UPDATES AGAINST TP	Notification ltr (if non-pickup):	
		Call OI: 01/02/18 754	
		After call ltr to OI:	
01/02/18 @ 1040hrs:	Spoke to OI, inform of TP claims of mention CCTV footage have been forwarded to reporting centre. OI still wants to claim against TP. Will send letter - Jim	Documentation Check List:	Handler Typist
	OI CON IN. v DRIVE VIC SGX 8187H	Notification ltr (if non-pickup)	☒
	OI MAKING TURN, TP GOING STRAIGHT.	After call ltr to OI:	☒
07/02/18	W/ MR YAW, KAPO ON FOOTAGE, OI IS STILL MORE CARE. TP TO CONTRIBUTE AS IT DID NOT SLOWED DOWN.	Authorisation To Act:	☒
	FINALISED.	Release Voucher:	☐
	PIR AGAINST OI. STOLE TO OI, HE PHD PROS in DOCUMENT POINTS. AGREE TO GET AIG HANDLE THE MATTER.	Final Repair Bill:	☒
	TP LOD IN BY EMAIL	Car Rental Invoice:	☐
21/04/18	AIG INSTRUCTED TO SUBMIT WP REPORT.	Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR: AGAINST OI	☒
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 115	\$S 1,900.00	(5 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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 320.00