15/5/2010

INS. CASE OWNER: | CC 9 /AIG1800 1779 / 72 Lh63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tanfieh DOI: 29/01/18 +1h63 Date / Time : 29/01/18

Registered in Merimen: 29/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGX 8187H	Claim No. :	456815344356
Name of Insured :	LEE HENG YONG	Policy No. :	7100 458694
Insured Tel No. :	HP: 85189991	Make / Model :	CITROEN
Excess Sec II :S$	D.O.A : 16/01/18	Place of Accident :	JLN BOON LAY.
Is driver the owner? (YES / NO)	Nature of Accident :		

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**

FR5690J →

INSRS: WSP: A.S. phoon. Tel : Liability : RMKS:

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Date/ Time	
31/1/18	FR5690J - Y SGX 8187H - Y
WC	- REQUEST FOR OI COW PIKOT.
	- CHECK OI CLAIM UPDATE AGAINST TP
01/02/18 @ 1040hrs:	Spoke to OI, inform OI of TP claims, OI mention CCTV footage have been forwarded to reporting centre. OI still wants to claim against TP. Will sent letter - Sin
	- OI COW IN. V DRIVE / VIC / SGX8187H
	- O/D MAKING TURN, TP GOING STRAIGHT.
07/02/18	- W/ MR YEW, BASED ON FOOTAGE, O/D IS STILL MORE CHASE. TP TO CONTRIBUTE AS IT DID NOT SLOWED DOWN.
	- FINALIZED.
	- PIR AGAINST OI. SPOKE TO OI, HE PAID FINE & DEMERIT POINTS. AGREED TO LET AIG HANDLE THE MATTER.
	- TP LOD IN BY EMAIL
29/04/19	- AIG INSTRUCTED TO SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	01/02/18 734
After call ltr to OI:	

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: AGAINST OI	✓	
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,900.00 (5 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		COI MAKING U-TURN
Loss of Rental (LOR):	S$ — (days)		NO SETTLEMENT
Loss of Use (LOU):	S$ — ($ x days)		AIG INSTRUCTED TO
Loss of Income (LOI):	S$ — ($ x days)		SUBMIT WP REPORT
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			AS TP INACTIVITY
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:	—