15/5/2010

INS. CASE OWNER: CC 4/AIG1800 2001 / 4463

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 1/2/18 Date / Time: 31/1/18

Registered in Merimen: 1/2/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SKV 5478B		Claim No.:	55467488275G
Name of Insured: LYNN LEE VAI YING (LILIYING)		Policy No.:	2100430374-02
Insured Tel No.:	HP:	Make / Model:	SUBARU
Excess Sec II :S$	D.O.A: 27/01/18	Place of Accident:	BEDOK NORTH DR
Is driver the owner? (YES / NO)	Nature of Accident:		
If NO, Driver Name / Age: KENNETH QUEY		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	**Final ? Yes / No**

FW 8239J →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Erotia	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
6/2/18 v/c	FW8239J - X SKV5478B - Y
	- TO GET OI VIDEO FOOTAGE.
6/3/18	Call OI - confirm accident detail. OI mentioned he was waiting a turn and manage to stop in time to avoid collision with TP. OI have video footage but unable to retrieve. Inform OI will gather evidence from TP. OI aware NCD will be affected if TP manage to claim - letter sent to OI
	- SEND LETTER. KIV MLF. WAIT PIR.
24/04/18	- OVERALL LIABILITY UNCLEAR
	- FINALIZED.
	- ORIGINAL TP LOD IN.
	- PEND PIR BEFORE ANY SETTLEMENT.
13/02/19	- AIG INSTRUCTED TO SUBMIT WP REPORT.
	- TP PASS CAUSTER.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	07/03/18 - OK

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 600.00 (4 days) Reduction: 83 % 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: NO COLLISION.
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	NO SETTLEMENT
Loss of Use (LOU):	S$ —	($ x days)	TP PASS CAUSTER
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[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: 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:	—