

15/5/2010

INS. CASE OWNER:

SHAWN

CC 6 /AIG1800 2199, 4663

LKK:

IDAC:

Surveyor:

MARUNS

DOI:

ASSIGNMENT

5/7/18

Date / Time :

5/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFE 1683A

Claim No. :

166702100154

Name of Insured :

ARVIN SEE KOK YAN

Policy No. :

200488952-01

Insured Tel No. :

HP:

96630 113

Make / Model :

Mazda

Excess Sec II :\$\$

D.O.A :

30/12/18

Place of Accident :

CIP RD OF KEPPEL RD TMS  
CANTONMENT MK

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

SFE 719X



INSRS:

WSP:

Tel :

Liability :

RMKS:

PEGASUS



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                          |                                                                                                                                                                                                                                                                                                             | STAGE                                         | DATE / PIC    |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------|
| 5/7/18                                                              | SPK 719X - Y                                                                                                                                                                                                                                                                                                | Non-Reporting ltr (1st):                      |               |
|                                                                     | SFE 1683A - Y                                                                                                                                                                                                                                                                                               | Non-Reporting ltr (2nd):                      |               |
|                                                                     | - PINKUDDO                                                                                                                                                                                                                                                                                                  | Non-Reporting ltr (Final):                    |               |
|                                                                     | - TP LOD IN BY BUILT - TP WORKOUT - TARRANT IN.                                                                                                                                                                                                                                                             | Notification ltr (if non-pickup):             |               |
| 24/4/2018 (pk)                                                      | Spoke to OI at 96630113, OI confirmed the accident statement and video have been submitted to AIG. informed OI about the TP claim, and MCD will be affected. OI say his policy have MCD protector, told OI it will be deemed utilized for this claim and his MCD will be protected. will send letter to OI. | Call OI:                                      | 24/4/18 - VIC |
|                                                                     |                                                                                                                                                                                                                                                                                                             | After call ltr to OI:                         |               |
| 24/6/18                                                             | - SEND 1ST OFFER TO TP.                                                                                                                                                                                                                                                                                     | Documentation Check List:                     | Handler       |
|                                                                     | - TP REQUESTED OFFER. PROPOSED \$2,950.00                                                                                                                                                                                                                                                                   | Notification ltr (if non-pickup)              | Typist        |
|                                                                     | CAN IN.                                                                                                                                                                                                                                                                                                     | After call ltr to OI:                         |               |
| 16/05/18                                                            | - SEND ACCEPTANCE BUILT TO TP.                                                                                                                                                                                                                                                                              | Authorisation To Act:                         |               |
|                                                                     | - RECEIVED PI. BU DOES IN ORDER.                                                                                                                                                                                                                                                                            | Release Voucher:                              |               |
|                                                                     | - TO CROBT.                                                                                                                                                                                                                                                                                                 | 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:                              |                                                                                                                                                                                                                                                                                                             | Confirm by:                                   |               |
| FINALIZATION Date/Time: Confirm with:                               |                                                                                                                                                                                                                                                                                                             | Confirm by:                                   |               |
| Repair Cost: 119                                                    | \$S 2,300.00 (3 days) Reduction: 55 %                                                                                                                                                                                                                                                                       | Email                                         | Call          |
| FINAL SETTLEMENT Date/Time: 16/05/18 Confirm with: SHAWN            |                                                                                                                                                                                                                                                                                                             | Email                                         | Call          |
| Final Liability:                                                    | % 100 (Agreed / Assessed) BOLA S/N No. : 27                                                                                                                                                                                                                                                                 | If NO or B 28, Ass. Lia :                     |               |
| Repair Cost: (w/690)                                                | \$S 2,401.00                                                                                                                                                                                                                                                                                                | COI REAR-BUILT TO                             |               |
| Loss of Rental (LOR):                                               | \$S ( days)                                                                                                                                                                                                                                                                                                 | checked by: VIC                               |               |
| Loss of Use (LOU):                                                  | \$S 95.00 x 4.5 days (CERTA RATE \$66.95 + \$100)                                                                                                                                                                                                                                                           | - 16/05/18                                    |               |
| Loss of Income (LOI):                                               | \$S (\$ x days)                                                                                                                                                                                                                                                                                             |                                               |               |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]                                                                                                                                                                                                            |                                               |               |
| GIA/LTA Search                                                      | \$S 7.19                                                                                                                                                                                                                                                                                                    | 1) Claim status: Normal/Reject/Private Settle |               |
| Medical:                                                            | \$S -                                                                                                                                                                                                                                                                                                       | 2) Report Format:                             |               |
| Disbursement:                                                       | \$S - (e.g. Tow/ Independent)                                                                                                                                                                                                                                                                               | 3) Survey fee: \$320.00                       |               |
| Legal Cost                                                          | \$S -                                                                                                                                                                                                                                                                                                       |                                               |               |
| Total:                                                              | \$S 2,963.49 Global Sum \$S: 2,950.00                                                                                                                                                                                                                                                                       |                                               |               |
| FINAL PAYMENT Date/Time: Confirm with:                              |                                                                                                                                                                                                                                                                                                             | Email                                         |               |
| Payee 1:                                                            | \$S 2,950.00 Name 1: PEGASUS ENGINEERING & TRADING PTE LTD                                                                                                                                                                                                                                                  | Call                                          |               |
| Payee 2: (Strike if N.A.)                                           | \$S - Name 2: -                                                                                                                                                                                                                                                                                             |                                               |               |
| Payee 3: (Strike if N.A.)                                           | \$S - Name 3: -                                                                                                                                                                                                                                                                                             |                                               |               |