15/5/2010

INS. CASE OWNER: JACLYN | CC 3 /AIG1800 0676 / K663 | LKK: IDAC:

ASSIGNMENT

Surveyor: Fenneth DOI: 08/07/18 Date / Time: 8/7/18

Registered in Merimen: 9/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SGE 6544Z Claim No. : 5192714469786

Name of Insured : GOH GAH HOE (WU NAME) Policy No. : 7100202986-07000

Insured Tel No. : HP: 90043783 Make / Model : NISSAN

Excess Sec II :S$ D.O.A : 06/07/18 Place of Accident : TECK WHYE AVE & JLN TECK WHYE (NEAR BLK 10)

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

SHD 917P → → →

INSRS: WSP: Trans Cab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/7/18	SHD 917P-X SGE6544Z-X
1 TH	OI rear-ended to TP.
	- FINALISED.
	- TP LOD IN.
04/10/18	- AIG APPROVED MANDATE. LOI SETTLED IN BI.
23/10/18	- TP ACCEPTED OFFER.
14/11/18	- RECEIVED W. ALL DOCS IN ORDER.
	- TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> THIN By Email.
After call ltr to OI:	18/7

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	☑	☐
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: P/P S$ 9,086.70 (5 days) Reduction: 80 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/11/18 Confirm with SASWINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 9,669.27	
Loss of Rental (LOR):	S$ 551.05 (5 days) x 110.21	
Loss of Use (LOU):	S$ ~~250.00~~ ($ ~~50~~ x ~~5~~ days) (SETTLED IN BI)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.45	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$** 10,227.77 **Global Sum S$:** –	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 10,227.77	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–