13/5/2010

INS. CASE OWNER: SHAWN | CC 6 /AIG1800 7892 / AIG63 | LKK: LIABILITY | IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: 07/02/18 | Date / Time : 09/02/18 | Registered in Merimen: 13/2/18

Pre-assign / CCU / FTE

Insured Vehicle No.	: SKK 69P ✓		Claim No.	: 8264386626G
Name of Insured	: WW ENG CHIEW		Policy No.	: 210045189
Insured Tel No.	:	HP: 91512915	Make / Model	: BMW
Excess Sec II :S$		D.O.A : 07/02/18	Place of Accident	: RAFFLES QUAY.
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**

GW6309S ⟶ ⟶ ⟶

INSRS: WSP: MAT ✓ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
20/2/18 JHS	GW6309S – LLL/AKAIG60MG1/Aug63qr DOA: 26/11/16 SKK 69P – X	
	– FINALISED.	
15/3/18	Call OI No response.	
21/3/18	Call OI confirm accident details. OI mentioned he was on middle lane about to move off. when TP vehicle cut into his lane and collided with him. OI have no evidence. OI is aware NCD issue letter sent to OI.	
	– TP LOD IN BY EMAIL	
17/08/18 @1:34PM	SPOKE TO OI. NO UPDATE FROM HIS LAWYER YET.	
	– TP PHOTOS IN.	
31-08-18	BASED ON DAMAGE PROFILE & POINT OF IMPACT TO REJECT T/P CLAIM AS O/I'S VERSION IS MORE CREDIBLE.	

Reject C... By (staff) : VIC; Approved by : YL; Date : 03/09/18

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	→ BEVAN
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:		
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: LG S$ 750.00 (2 days) Reduction: 92 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : conflicting version. (OI MORE PROBABLE) REJECT TP CLAIM
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$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
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: –	

C(2)

REFERENCE NUMBER	CCG/AIG 18002892/Awb3
DATE / TIME	ACTIONS / REMARKS
21/08/18	- EMAIL TO AIG TO REQUEST TP CLAIM.
05/09/18	- AIG ACKNOWLEDGED TO REQUEST CLAIM.
	- EMAIL TO TP TO REQUEST CLAIM
	- CLOSE.

(2/2)