15/3/2016

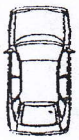
INS. CASE OWNER: LEE MING YAO | CC 4 /AIG1800 4394 , T1 963 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 20/03/18 Date / Time : 6/3/18

Registered in Merimen: 7/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : EE 676P Claim No. : 4256953123SG

Name of Insured : WH KWAI LIN Policy No. :

Insured Tel No. : HP: Make / Model :

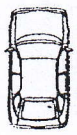
Excess Sec II :S$ D.O.A : 5/3/18 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

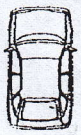
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

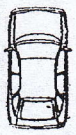
SBS 6329P → → →



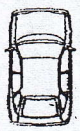
INSRS: Tower
WSP:
Tel : Transit
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
9/3/18 Bevan	SBS 6329P-4 EE 676P-X - NO OI GIA, SENT OUT 1ST LETTER.
15/3/18	OI called inform that she have made a report inform insured to send us a copy of GIA report and photo.
✓	OI called. she mentioned that not admitting to liability. disputing because TP driver attitude is wrong. OI coming down on monday.
14/3/18	OI come down sent Photo. insured not willing to settle. - OI PHOTOS UPLOADED - TP LOD IN BY EMAIL
10-01-20	I CHOOSE TO BELIEVE O/I'S STATEMENT SO BE CAREFUL TO OFFER ANY AMOUNT MUST OBTAIN O/I'S CONSENT (SEE COMMENT)

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:	30/07/19-VK

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:
05/02/2020 TP INACTIVITY. SUBMIT WP REPORT PER AIG

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 800.00 (1 days) Reduction: 20 % 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 :
Repair Cost:	S$ —	TP MOVE OUT FROM STATIONARY, OI TRY TO OVERTAKE ON SINGLE LANE.
Loss of Rental (LOR):	S$ — (days)	TP INACTIVITY
Loss of Use (LOU):	S$ — ($ x days)	SUBMIT WP REPORT
Loss of Income (LOI):	S$ — ($ x days)	AS PER AIG
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		NO SETTLEMENT
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: $250.00
Total:	**S$** **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:	—