15/5/2010

INS. CASE OWNER: Shah CC3 /AIG1500 5516 / Kh(AG) 39 — LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH — DOI: 31-03.15 — Date / Time: 1-4-15 31-03-15

Registered in Merimen: 1-4-15

Pre-assign / CCU / FTE

Insured Vehicle No.:	SFE 2626 J	Claim No.:	5638 9979 7286
Name of Insured:	VARTHIGASU SUPPIAH NARENDRAN	Policy No.:	2003 56753-0100
Insured Tel No.:	HP: 98637604	Make / Model:	AUDI Q7
Excess Sec II :S$	D.O.A: 30-03-15	Place of Accident:	MARINE TERRANCE C/P HDB

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

SH0 5914U → → →

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

Date/ Time	
31/4/15 VL	**FOR CSO ONLY:** **Is driver the owner? (YES / NO)** **If NO, Driver Name / Age:** **Driver's Own Vehicle Number:** **Insurance Company:**
	SH0 5914U - X SFE 2626 J - X
10/04/15 @ 1700	CALL OI CONFIRM ACCIDENT DETAILS. OI WAS TURNING TO EXIT THE CAR PARK WHEN ACCIDENT HAPPEN. OI MENTION TP DIDNT STOP AT STOP LINE TP AS OI SLOWLY TURN OUT. TP MOVING FORWARD AND COLLIED WITH OI. OI MENTION TP HAVE CCTV. INFORM ABOUT TP CLAIM. OI AWARE NCD WILL BE AFFECT. LETTER SEND TO OI. OI CHANGE OF ADDRESS.
	TO GET TP CCTV FOOTAGE
	KIV FILE AFTER LETTER SENT OUT.
	POTENTIAL RESET. TP FROM MINOR ROAD.
	FINALISED. ($1,300.00 | 1.5 DAYS)
	To get CCTV from TP workshop.
12/05/16	NO UPDATE FROM TP. SEND EMAIL TO AIG TO CLOSE CASE DUE TO TP INACTIVITY.
	NO SETTLEMENT. TO CLOSE CASE.
	RE-OPEN.
09/07/18	AIG AGREED TO RESET TP CLAIM.
	EMAIL TO TP TO RESET CLAIM & CLOSE

Reject Case — By (staff): VIC — Approved by: [signature] — Date: 09-07-18

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI: 10-04-15 BEVAN	
After call ltr to OI: 10-04-15 - BEVAN	
Type Report:	13/4/15
Prepare Invoice:	
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:	✓	
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
LTA / GIA:		
Medical Bill:		
Approval Email: RESET	✓	
Payment Breakdown Form:		
Others:		

COPY SENT 13/4/15

FINAL SETTLEMENT	Date:	Confirm with		CONVENTIONAL: N
Repair Cost:	S$ =	Final Liability: 0	% (Agreed / Assessed)	BOLA S/N No.: NIL
Loss of Rental:	S$ —	(days)	VIC OK	If NO or B 28, Ass. Lia:
Loss of Use:	S$ =	($ x days)	1) Claim status: Normal/Reject/Private Settle	

$320 PAID

AC 1605307

"RESET TP CLAIM"