15/5/2010

INS. CASE OWNER: Bernie | CC 3 / AIG1804985 / hs3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 15/03/18

Registered in Merimen: 16/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 5133L — Claim No. : 8424879154SG

Name of Insured : HOCK WOON TRADING — Policy No. : 2100491735

Insured Tel No. : _____ HP: 97375070 — Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 14/03/18 — 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**

SKT 8676L → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Performance Alexandra	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKT 8676L - X GBF 5133L - CCG/AIG/1700543H/Uwj3S2 DOA: 05/03/17 - CS/AIG/1700543H/Kqh3S2 DOA: 05/03/17
20/03/18 (Vic)	* OINR - SEND FIRST LETTER TO OI.
27/03/18 @ 9:52AM	- OI PIC CALLED IN. RECEIVED LETTER. HE SAID HE ALREADY SETTLED PRIVATELY WITH TP. HE WILL FORWARD DOCUMENTS TO US. - EMAIL TO TP. CAROLINE CONFIRMED PRIVATE SETTLEMENT W TP REQUIRED GIA REPORT. - NO SURVEY, TO CANCEL CASE.

Reject Case
By (staff) : Vic
Approved by : Vic
Date : 27-03-18

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:	

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:	S$	(days) Reduction: %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time:	Confirm with	Email [ ] Call [ ]
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	CANCELLED CASE NO SURVEY PRIVATE SETTLEMENT
Loss of Use (LOU):	S$ —	(S x days)	
Loss of Income (LOI):	S$ —	(S x days)	
LOR only [ ] LOU only [ ]	LOR + LOU [ ]	LOR + LO [ ] [**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:
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: —	