15/5/2010

INS. CASE OWNER: HUNG YAO | CC 3 /AIG1800 5359 / R4 h63 9r | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 03/04/18 Date / Time : 20/3/18

Registered in Merimen: 20/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFE 8763Y

Name of Insured : GOH DI YAO KEVIN

Insured Tel No. : HP: 92775775

Excess Sec II :S$ D.O.A : 20/3/18

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 0V6048571285G

Policy No. : 700480779

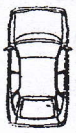
Make / Model : MERCEDES

Place of Accident : MARINA BOULEVARD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

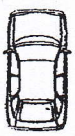
Insured Liability : % **Final ? Yes / No**

SFX 7688M → → →

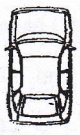


INSRS:
WSP: performance
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
20/3/18 VZ	SFX 7688M-X SFE8763Y-X
26/06/18 @ 11:24AM	CALL OI. MEETING. GOING TO OI. HE CONFIRMED ACCIDENT DETAILS IN REPR-ENDED TP. INFORMED TP CLAIM IN NCD ISSUES. OI WANTS TO KNOW CON. SEND LETTER TO OI.
	- EMAIL LIABILITY CLOSER
	- FINALISED.
	- ORIGINAL TP LOD IN.
20/07/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE.
06/09/18	- SEEK MANDATE APPROVAL TO AIG BY EMAIL & WITHDRAW.
11/09/18	- AIG APPROVED MANDATE.
	- CONFIRMED AMOUNT CLAIM TO LOD.
	- 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:	26/06/18 - VZ
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: P/P S$ 12,489.80 (7 days) Reduction: 44 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with CAROLINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 13,364.09 (01	REPR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 13,846.09 **Global Sum S$:** —	

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

Payee 1:	S$ 13,366.09	Name 1:	PERFORMANCE MOTORS LTD
Payee 2: (Strike if N.A.)	S$ 480.00	Name 2:	JEFF ANTHONY DE LUCA
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—