15/5/2010

INS. CASE OWNER: SALINA | CC4/AIG1800 5782/MM/2763 | LKK: IDAC:

ASSIGNMENT

Surveyor: MAH DOI: 05/04/18 Date / Time: 28/3/18
Registered in Merimen: 28/3/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SJZ 570R Claim No.: 7147544248554
Name of Insured: LEE WAN TUCK Policy No.: 700034171-07
Insured Tel No.: HP: 96758763 Make / Model: PROTON
Excess Sec II :S$ D.O.A: 26/3/18 Place of Accident: PIE EXIT TO LORNIE RD TWDS THOMSON RD
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**

SLN 4444X → → →

INSRS: WSP: Tel: Liability: RMKS: City Auto.	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
7/4/18 Bevan	SLN4444X – X SJZ570R – X	Non-Reporting ltr (1st):	
9/4/18	called oi, confirm accident details. OI mention he was stationary when TP grazed his vehicle. inform NCD issue. inform of thus we got evidence from TP. letter send to OI.	Non-Reporting ltr (2nd):	
	– FINALISED	Non-Reporting ltr (Final):	
	AIG TS pending for PIR result.	Notification ltr (if non-pickup):	
19/07/18	– TP LOD IN BY EMAIL	Call OI:	> BEVAN
	– EMAIL TO AIG FOR INSTRUCTION.	After call ltr to OI:	
10/10/18 5:21PM	– SPOKE TO OI. HE GOT NO EVIDENCE. INFORMED HIM OF POSSIBILITY OF SETTLEMENT IN VIEW OF NO EVIDENCE. OI AGREED TO SETTLE & AWARE NCD ISSUES.		

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: PIP S$ 500.00 (2 days) Reduction: 16 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/10/18 Confirm with VERONICA Email ☑ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No.: NIL		If NO or B 28, Ass. Lia: conflicting version
Repair Cost: (W/GST) $535.00	S$ 267.50		
Loss of Rental (LOR): –	S$ –	(days)	
Loss of Use (LOU): $180.00	S$ 90.00	($ 60 x 3 days)	
Loss of Income (LOI): –	S$ –	($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search $2.00	S$ 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: $717.00	**S$** 359.50	**Global Sum S$:** 350.00	

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

Payee 1:	S$ 350.00	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	

(1/2)

REFERENCE NUMBER	CC4/AG/18005782/MIMB3
DATE / TIME	ACTIONS / REMARKS
28/09/18	- SEND 1ST OFFER TO TP. @ 50%.
	- TP PROPOSED @ $390.00 (ALL IN)
19/10/18	- SEND ACCEPTANCE EMAIL.
	- ALL DOCS IN ORDER.
	- TO CLOSE.