15/5/2010

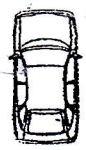
INS. CASE OWNER: CC 6 / LCR 1800 6350 / Aja3 9/2 | LKK: [redacted] IDAC:

ASSIGNMENT

Surveyor: cmp DOI: 4-4-18 Date / Time: 4-4-18

Registered in Merimen: 5-4-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 93925

Name of Insured : Leff Pil

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : ~~3/3/18~~ 1/4/2018

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : Goh Tok Cheng

Driver Tel No. : 90106639 (V/L: YES / NO)

Claim No. : 514844237154

Policy No. : 0999999 47354

Make / Model : T. Sienta

Place of Accident : Clementi Rd

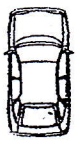
Nature of Accident :

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

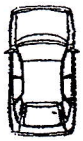
Insured Liability : % **Final ? Yes / No**

PBI

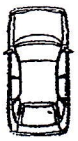
SKQ 6903K →



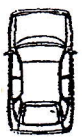
INSRS:
WSP: MH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
6/4 Jmy	SKQ 6903K. X; SLS 93925. X
	POTENTIAL DISPUTE.
	OID CLAIMED TP TOOK HIS CAM
	RECEIVED 1 1 OCT 2018
	LOD IN RECEIVED 2 8 AUG 2018
21-5-18	FOR MANDATE
18-6-18	FOR MANDATE / 11-10-18
18-6-18	C1126 W/ OID. NO PIR YET.
18-6-18	PENDING PIR OI HIT F. REAR
	DAMAGE PROFILE - HEAD TO REAR
06-8-18	O/I VEHICLE WITH SMALL CC WILD UNLIKELY TO CUT INTO TURBO VOLKSWAGEN IN VIEW OF DAMAGE PROFILE TO T/P TO REJECT T/P CLAIM WE HAVE A WITNESS

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:		

REJECT EM TO TP

PRELIMINARY ADVICE Date/Time: Sent By:

By (staff) : Jmy

Approved by : [illegible]

Date : 28-08-18

FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : NIL
Repair Cost:	S$	VIDEO
Loss of Rental (LOR):	S$ –	(days)
Loss of Use (LOU):	S$ $	x days)
Loss of Income (LOI):	S$ – ($	x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	S$	
Medical:	S$ –	
Disbursement:	S$ –	(e.g. Tow/ Independent)
Legal Cost	S$ –	
Total:	**S$**	**Global Sum S$:**

OI CHANGED LANE

RECEIVED 2 8 NOV 2018

If NO or B 28, Ass. Lia :

-PEND PIR & EVIDENCE

OI HIT FROM REAR

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $ 320.xx

COPY SENT 30/11/18

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:

* DOA different - OK amended by TP to 1/4/18

27-11-18 AIG MAINTAINED REJECTION