15/5/2010

INS. CASE OWNER: BERNARD | CC 3 / AIG180 06353 / G~~3~~ h ua3 / | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ | DOI: 09/04/18 | Date / Time: 5/4/18

Registered in Merimen: 5/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG5295Y | Claim No. : 9752 A28 18259

Name of Insured : LIM AIR CON. ENGRG SERVICE | Policy No. :

Insured Tel No. : | HP: | Make / Model : MAXUS G10

Excess Sec II :S$ | D.O.A : 5/4/18 | Place of Accident : Fernvale Lane

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

If **NO**, Driver Name / Age : LIM KEAN SENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 91813236 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SLB 2101B ⟶ ⟶ ⟶

INSRS: WSP: Premium Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
~~10/4~~ ~~11/4~~	~~SLB 2101B - X ; GBG5295Y - X~~
9/4/18	Spoke to OI, he confirmed the accident details. Informed TP claim and he agree to settle.
13-12-18	TRANSFER : THIN² TO JOY
	PENDING FINALISATION
	- ~~TO FINALIZE~~
	- FINALIZED
	- TP LOD IN BY EMAIL
23/08/19	- TYPE REPORT FOR MANDATE APPROVAL
26/08/19	- SEEK MANDATE APPROVAL TO AIG

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	THIN
After call ltr to OI:	12/4

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: 02/09/19 Sent By: - AIG APPROVED MANDATE.

FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	S$ 17,867.36 14 days) Reduction: 29 %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/10/19 Confirm with NAFIAH	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (C10 REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 19,118.08	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 1,020.00 (S$ 60 x 17 days)	
Loss of Income (LOI):	S$ — (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: $320.00
Total:	S$ 20,140.08 **Global Sum S$:** —	
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 20,140.08	Name 1: PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —