15/5/2010

INS. CASE OWNER: GEORGE | CC3 / AIG 1800 7564 / Khab 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 23/4/18   Date / Time: 23/4/18

Registered in Merimen: 24/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLJ 3003 C	Claim No. :	
Name of Insured :	CHONG LIH JUNG	Policy No. :	21058469800
Insured Tel No. :	HP: 90068905	Make / Model :	T. Camry
Excess Sec II :S$	D.O.A: 20/04/18	Place of Accident :	Serangoon 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

SHD 462 J → ____ → ____ → ____

INSRS: WSP: Trans-cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
27/4	SHD 462J - X ;
NC	SLJ 3003 C. CC4/AKA 17013853/4pa3q2 ; DOA: 22/6/17
3/5/2018 1.50pm pohkin	spoke to OI (Mr Chong) at 9006 8905. OI confirmed about the accident statement, informed him about the TP claim and NCD issue. OI agree and aware about the NCD issue and mention he have NCD protector. Send letter to OI.
	- FINALISED.
	- FOR BULK SETTLEMENT
07/06/18	- WITH @ TC. SETTLED.
	- ORIGINAL TP LOD IN.
27/08/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE.
24/10/18	- SEEK MANDATE APPROVAL TO AIG.
20/11/18	- AIG APPROVED MANDATE.
	- 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:	3/5/2018 VIC-OK
After call ltr to OI:	3/5/2018 3/5

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: F/P	S$ 14,402.04 (7 days)	Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/11/18	Confirm with SHOWLINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 15,410.18		COI RENTAL-ENDED TP)
Loss of Rental (LOR):	S$ 991.89 (9 days) x $110.21		
Loss of Use (LOU):	S$ 450.00 ($ 50 x 9 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 16,859.52	Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 16,859.52	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—