

INS. CASE OWNER: Mr

CC 3 /AIG14017911

LKK:

IDAC:

## ASSIGNMENT

Surveyor: MA

DOI: 18/09/14

Date / Time: 18/09/14

Registered in Merimen: 19/09/14

Pre-assign / CCU / FTE



Insured Vehicle No.: GZ 3358D  
 Name of Insured: A.K Design & Renovation  
 Insured Tel No.: HP:  
 Excess Sec II :SS D.O.A: 17/09/14

Claim No.: 003050237659  
 Policy No.: 2100273949-03000  
 Make / Model: KIA  
 Place of Accident: Ubi Ave

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

If NO, Driver Name / Age: Lim Poh Kok

OI GIA REPORT: (YES) NO; TP GIA REPORT: (YES) NO

Driver Tel No.: 9006 5210

(V/L: (YES) / NO Insured Liability:

% Final? Yes / No

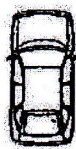
SH99702



INSRS:  
WSP: roimford  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time | FOR CSO ONLY:                                                                   | STAGE                     | DATE / PIC                                                   |
|------------|---------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------|
| 24/09/14-  | Is driver the owner? (YES / NO)                                                 | Finalisation:             |                                                              |
| Shanvi     | If NO, Driver Name / Age :                                                      | Email AIG for OI GIA:     |                                                              |
|            | Driver's Own Vehicle Number:                                                    | Apt letter to OI:         |                                                              |
|            | Insurance Company:                                                              | Call OI:                  |                                                              |
|            | 3499702 - NAI/MS1056/7758/WI, DOA: 16/06/08                                     | After call ltr to OI: NA  |                                                              |
|            | GZ 3358D - X                                                                    | Type Report:              |                                                              |
| 1/10/14    | Called OI to inform TP claim. OI disputed                                       | Prepare Invoice:          |                                                              |
| 3:30pm     | liability, no contact with TP veh. He just                                      | Others:                   |                                                              |
|            | hunted at TP driver. OI vehicle damages is                                      | Documentation Check List: | Handler Typist                                               |
|            | pre-existing. OI will come back to forward                                      | OI Apt Ltr:               | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|            | us TP damages photos                                                            | Authorisation To Act:     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|            |                                                                                 | Release Voucher:          | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 5PM        | OI came down with TP damages photos.                                            | Final Repair Bill:        | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 31/10/15   | To <del>check</del> check with Surveer                                          | Car Rental Invoice:       | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 24/8/15    | To get witness statement from TP repairer.                                      | LTA / GIA :               | <input type="checkbox"/> <input type="checkbox"/>            |
|            | Pending reply.                                                                  | Medical Bill:             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 10/3/15    | email from AIG to reject TP claim based on                                      | Approval Email:           | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|            | OI mentioned no accident. AIG will reject TP                                    | Payment Breakdown Form:   | <input type="checkbox"/> <input type="checkbox"/>            |
|            | BI claim as well. See attached                                                  | Others:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|            | email to TP to reject TP claim as per AIG instruction. See attached.            |                           |                                                              |
| 7/3/15     | TP repairer do not agree on AIG's instruction. See attached                     |                           |                                                              |
| 2/6/15     | AIG (Charan) informed that AIG penalty for TP's lawyer to provide evidence      |                           |                                                              |
|            | to <del>proof</del> prove OI rear ended to TP. KIV/BL till further instruction. |                           |                                                              |
|            | 6/4/15 1637 - Charan                                                            |                           |                                                              |
|            | Reject Case                                                                     |                           |                                                              |
|            | RE-OPEN                                                                         |                           |                                                              |
| 10-9-15    | NO SETTLEMENT.                                                                  |                           |                                                              |

| FINAL SETTLEMENT       | Date: - 21-1-19 | Confirm with: AILEEN |                       |
|------------------------|-----------------|----------------------|-----------------------|
| Repair Cost: 2,675.22  | SS - 1337.50    | Final Liability: 50  | % (Agreed / Assessed) |
| Loss of Rental: 301.74 | SS - 150.84     | 3 days               | 100.58                |
| Loss of Use: 150.22    | SS - 75         | (3.50 x 3 days)      |                       |
| Disbursement: 5.35     | SS - 5.35       |                      |                       |
| Legal Cost: -          | SS -            |                      |                       |
| Total: 3,132.09        | SS -            | Global Sum: SS       |                       |

1,568.72  
50%

#320 + \$20

\* Rental days didn't write down