15/5/2010

INS. CASE OWNER: | CC 3 /AIG1800 9829 / KW63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/5/18 Date / Time : 20/5/18

Registered in Merimen: 31/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 4866T Claim No. : 7777068054668

Name of Insured : Josephine Chan May Hua Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 27/4/18 Place of Accident :

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**

SHB 9909P → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans Cab.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA9909P – CL/FHI800 ... / [illegible] 20/4/5/18
5/6/18	SLF4866T – X
VIC	– No OI GIA, Sent out 1st letter.
	– OI GIA report in.
	– OI video in. Merimen.
	– Finalised.
06/08/18	– AIG forwarded PIR. Action against TP for inconsiderate driving.
	– AIG instructed to reject claim.
	– Email to TP to reject claim.
	– To close.

Reject Case
By (staff) : VC
Approved by : [signature]
Date : 06-08-18

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: - Against TP	☑	☐
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: WG S$ 5,300.00 (2.5 days) Reduction: 89 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	Reject claim
Loss of Use (LOU):	S$ – ($ x days)	PIR against TP
Loss of Income (LOI):	S$ – ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ –	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $320.00
Total:	**S$** – **Global Sum S$:**	

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:	–