comment

15/5/2010

INS. CASE OWNER: CHRIS HONG | CC 6/AIG1801 0070 / AW3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 1/6/18 Date / Time : 1/6/18

Registered in Merimen: 4/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 3844P Claim No. : 484184458256

Name of Insured : WHITEHOUSE JAMIE Policy No. : 1700074401

Insured Tel No. : HP: Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 25/5/18 Place of Accident : Sims Dr

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

If **NO**, Driver Name / Age : DAVINDER EMAR 41 M Insured Liability : % **Final ? Yes / No**

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

SJS 9881X → → →

SJS 9881X			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: Fang. Car	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
6/6/18 VIC	SJS9881X - Y SLH3844P - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
06/06/18	- EMAIL LIABILITY UNCLEAR.	Call OI:	
		After call ltr to OI:	
07-06-18	BOTH PARTIES SHOULD EXERCISE DUE CARE WHEN TURNING INTO MAIN ROAD.	**Documentation Check List:**	**Handler** / **Typist**
	- FINALISED.	Notification ltr (if non-pickup)	
	- OI VIDEO UPLOADED IN WEBCLAIM.	After call ltr to OI:	
04/09/18	- EMAIL TO AIG TO REBOOT CLAIM.	Authorisation To Act:	
	- OI ACROBAT IN MAIN ROAD	Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
04/10/18	- AIG APPROVED TO REBOOT CLAIM	Towing Invoice	
23/10/18	- EMAIL TO TP TO REBOOT CLAIM.	LTA / GIA :	
	- TO CLOSE.	Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	✓
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

Reject Case
By (staff) : VIC
Approved by : [illegible]
Sent By: : 23-10-18

PRELIMINARY ADVICE	Date/Time:		Confirm by:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: HG	S$ 2,900.00 (5 days)	Reduction: 61 %	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)	"REBOOT TP CLAIM"	
Loss of Use (LOU):	S$ —	($ x days)		
Loss of Income (LOI):	S$ —	($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [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: —		