15/5/2010

INS. CASE OWNER: BERNARD | CC 6 /AIG1801 0091 / [illegible] | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 4/6/18

Registered in Merimen: 4/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 6439T

Claim No. : 0848467874 SG

Name of Insured : Tan Seng Kah Trading Co.

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 07/7/18

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**

GW 3871U → ______ → ______ → ______

INSRS: WSP: Lim Tel : Liability : Motor. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
	GW 3871U - X GX 6439T - X	Non-Reporting ltr (1st):	
6/6/18 Vic	- NO OI GIA. SENT OUT 1ST LETTER.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
26/06/18	- OI AGENT CALLED IN. OI/OD NOT AWARE OF ACCIDENT & TP KEEP HARRASSING OI. PIR IN. OD CHARGED WITH DEMERIT POINTS & FINE.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
27/06/18	- OI GIA REPORT IN. AIG INSTRUCTED TO GET EVIDENCE FROM TP & CHECK W/ OI ON DAMAGES TO THE VEHICLE. - EMAIL TO TP FOR EVIDENCE.	Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
30/07/19	- TP INACTIVITY. NO SURVEY. - AIG AGREED TO CLOSE OFF CASE.	LTA / GIA :	
		Medical Bill:	
		PIR:	
30-07-19 [illegible]	To cancel No Survey done	Mandate/Reject Instruction:	
	Reject Case By (staff) : Vic Approved by : [illegible] Date : 30-7-19	LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		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$ —		CANCELLED CASE TP INACTIVITY NO SURVEY
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ — (S x days)		
Loss of Income (LOI):	S$ — (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:
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: —	