INSURANCE OWNER: Shern | CC 4 / AIG 130 10803 / Uwa39 | LKK: | IDAC:

ASSIGNMENT

Surveyor: mAgnus DOI: 18/6/18 Date / Time: 13-6-18
Registered in Merimen: 13-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV5691P   Claim No. : 70555985998h
Name of Insured : Tey Lee Kiang   Policy No. :
Insured Tel No. :   HP: 98176974   Make / Model :
Excess Sec II :S$ D.O.A : 9-6-18   Place of Accident : Block 805 Hougang Central mcp entrance
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**

SLC3218L → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Profi Automotive	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
18/6 uwan	SLC3218L - CC3/C7117014338/UB6397 ; POA: 27/7/17
	SLV5691P - X
26/6	OIWP. Conf out 1st letter.
10/8/18	Email from AIG to send letter to OI to settle
17/9/18	Email from AIG to settle at best.

RECEIVED 18 SEP 2018

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	10/9/18 vivian
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:		
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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/9/18 Confirm with Edward. Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1250.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 days)	COPY SENT 18/9/18
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:
Total:	**S$** 1437.45 **Global Sum S$:** 1400.00	

FINAL PAYMENT Date/Time: — Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1400-00	Name 1: Profi Automotive.
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: