15/5/2010

INS. CASE OWNER: | CC4 / LCR 180 H081 / D Wa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ABT DOI: 22/6/18 Date / Time : 14-6-18

Registered in Merimen: 19-6-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 6952M Claim No. :

Name of Insured : LEAF ML Policy No. :

Insured Tel No. : HP: Make / Model : Honda Vezel.

Excess Sec II :S$ D.O.A : 13-6-18 Place of Accident : Changi Airport T3 Basement C/P.

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

If **NO**, Driver Name / Age : BALAKRISHNA S/O S. THIAGARAJAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLT 6472 J → ______ → ______ → ______

INSRS: WSP: Bodyfix Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
26/6 [illegible]	SLT 6472J. X ;
	SLK 6952M. CC4/LCR17012734/R1Wb3q2 ; DOA: 13/6/18
26/6/18	Email letter to O2
20/07/18	finalise L/S 2400 - with 3 days [illegible]
	- FINALISED
	- TP LOD IN BY EMAIL
	- TP NO EVIDENCE
14/12/18	- AIG INSTRUCTED TO REJECT TP CLAIM.
29/03/19	- EMAIL TO TP TO REJECT CLAIM
	- TO CLOSE.

Reject Case
By (staff) : VLC
Approved by : [illegible]
Date : 01/4/19

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	26/6/18 email.
After call ltr to OI:	[illegible]

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	✓	☐
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: L/S S$ 2,400.00 (3 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: Confirm with	Email ☐ Call ☐
Final Liability:	% ~~50~~ (Agreed / Assessed) BOLA S/N No.: NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	REJECT TP CLAIM
Loss of Use (LOU):	S$ – ($ x days)	NO SETTLEMENT
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:	–