15/5/2010

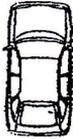| INS. CASE OWNER: BORONATO | CC3 / AIG 180 11539 , Vjaa3 | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: Sathya   DOI: 22/6/18   Date / Time: 22/6/18
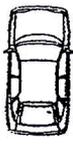
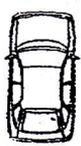Registered in Merimen: 25/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 2564R

Name of Insured : CHUA GEK LENG

Insured Tel No. : ____ HP: ____

Excess Sec II :S$ ____   D.O.A 18/6/18

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

If **NO**, Driver Name / Age : LOO CHERNH CHINH

Driver Tel No. : 96318931   (V/L: YES / NO)

Claim No. : 99863559949G

Policy No. : 7300419355

Make / Model : m-BENZ C200

Place of Accident : CCK AVE 4

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

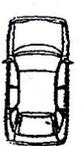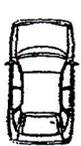Insured Liability : ____ %   **Final ? Yes / No**

SMB 90 A

	INSRS: SMOJ.M	INSRS:	INSRS:	INSRS:
	WSP:	WSP:	WSP:	WSP:
	Tel :	Tel :	Tel :	Tel :
	Liability :	Liability :	Liability :	Liability :
	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
22/6 11A	SMB 90 A & SKT 2564R ⟩ NM/AIG 180 11100 V3 ; DOA: 18/6/18		Non-Reporting ltr (1st):	
	- FINALISED.		Non-Reporting ltr (2nd):	
	- TP LOD IN BY EMAIL.		Non-Reporting ltr (Final):	
	- TP NO CCTV FOOTAGE.		Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI: 17/12/18 - VIC	
17/12/18	- MKT REVIEWED. CONFLICTING VERSIONS. CUTTING LANE/OIO GOT VIDEO FOOTAGE. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUES.		**Documentation Check List: Handler Typist**	
			Notification ltr (if non-pickup):	
			After call ltr to OI: ✓	
			Authorisation To Act:	
			Release Voucher:	
09/10/19	- EMAIL TO AIG TO REJECT CLAIM		Final Repair Bill: ✓	
			Car Rental Invoice:	
14/10/19	- AIG AGREED TO REJECT TP CLAIM. - EMAIL TO TP TO PROVE CLAIM		Towing Invoice	
			LTA / GIA : ✓	
	- TO CLOSE		Medical Bill:	
			PIR:	
	Reject Case		Mandate/Reject Instruction: ✓	
	By (staff) : VIC		LOD ✓	
	Approved by : Yu		Payment Breakdown Form:	
	Date : 6/10/19		Post-Repair Photos:	
PRELIMINARY ADVICE Date/Time:	Sent By:		Others:	

FINALIZATION	Date/Time:		Confirm with:		Confirm by:	
Repair Cost: 4,6	S$ 1,650.00 (2 days) Reduction: 26 %				Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	S$ —		CONFLICTING VERSIONS)	
Loss of Rental (LOR):	S$ — (days)		REJECT TP CLAIM	
Loss of Use (LOU):	S$ — ($ x days)		TP CHANGED LANE	
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: 4 320.00	
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: —	