INS. CASE OWNER: norsizan | CC 7 /AIG1601 6583 , H1 4637/2 | LKK IDAC

ASSIGNMENT

Surveyor: Henry DOI: 1/9/16 Date / Time: 1/9/16 Registered in Merimen: 2/9/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJV 8158S	Claim No. :	09778102091834
Name of Insured :	ANG SZE LEUN	Policy No. :	71004779480
Insured Tel No. :	HP: 87837399	Make / Model :	LEXUS
Excess Sec II :S$	D.O.A.: 31/8/16	Place of Accident :	SLE AFTER YIO CHU KANG EXIT
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

SH 6869 0 → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Lohe Leong Liang	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJV 8158S - X SH 68690 - X	Non-Reporting ltr (1st):	
7/9/16	- TP TOTAL LOSS	Non-Reporting ltr (2nd):	
V/L	- OKSAFE TO REPAIR	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
08/09/16 @ 10.59AM	SPOKE TO OI MR ANG @8783 7399. HE CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TO CLAIM & NCD ISSUES. AGREED TO SETTLE. SENT LETTER TO OI	Call OI: 08/09/16 - Sent	Suzan 9/9
	- CONFIRMED WITH OI THE ACCIDENT LOCATION IS AT SLE AFTER YCK EXIT.	After call ltr to OI: EMAIL	
	- PENDING TP LOD		
20/10/17	- EMAIL TO AIG TO TEMP. CLOSE CASE. TP INACTIVITY. NO TP LOD.		
	- RE-OPEN.		
	- TP LOD IN.		
28/09/18	- SEEK MANDATE APPROVAL TO AIG.		
	- OID FAILED BREATH TEST. PENDING PIR.		
06/02/2020	- AIG REPUDIATED CLAIM. EMAIL TO TP TO INFORM. CLOSE OFF CASE.		

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: TP DRUNK DRIVING	✓	
Mandate/Reject Instruction:		
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:		
Others: DEREG LETTER	✓	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: TOTAL LOSS S$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : OID REAR-ENDED TP)
Repair Cost: TOTAL LOSS	S$ ~~8,660.00~~	~~"TP INACTIVITY"~~
Loss of Rental (LOR):	S$ ~~1,653.15 (15 days) x $110.21~~	REPUDIATED
Loss of Use (LOU):	S$ ~~750 (S 50 x 15 days)~~	NO SETTLEMENT
Loss of Income (LOI):	S$ — (S x days)	
LOR only ✓ LOU only LOR + LOU LOR + LOI ✓ [Tick only one]		
GIA/LTA Search	S$ ~~5.35~~	1) Claim status: Normal/Reject/Private Settle
Medical	S$ —	2) Report Format: ~~UNF REPORT~~
Disbursement	S$ — (e.g. Tow/ Independent)	3) Survey fee: $320.00 (PAID)
Legal Cost	S$ —	
Total:	S$ —	Global Sum S$: Email Call

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$ —	Name 1:	~~COMFORTDELGRO ENGINEERING PTE LTD~~
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—