15/5/2010

INS. CASE OWNER: CC3, AIG 180 12552, KHA3

LKK:

IDAC:

Surveyor: Ame

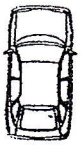
ASSIGNMENT

DOI: 4.7.18

Date / Time: 4.7.18

Registered in Merimen: 10.7.18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 1451P

Name of Insured : MAPEL & PARTNERS P/L

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 7/7/2018

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident : Tampines Ave 10 > Pasir Ris

Nature of Accident :

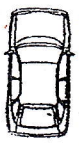
If **NO**, Driver Name / Age :

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

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

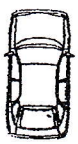
Insured Liability : % **Final ? Yes / No**

SHA 3260 X →

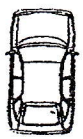


INSRS:
WSP: AIG Lowyat
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
12/7 VIC	SHA3260X. X; SKT 1451P. X
17/7	RMK. Sent out 1st letter.
25/09/18	+ OI GIA REPORT IN. + FINALIZED + ORIGINAL TP LOD IN + FILE REVIEWED. OID (HIRER) REAR-ENDED TP. AIG INVESTIGATION STILL ON GOING. NOT CLOSE FOR SETTLEMENT YET. + KIV FILE.
04/10/18	+ AIG COMPLETED INVESTIGATION. + REPUDIATED TP CLAIM. LETTER FROM AIG SENT TO OI. + EMAIL TO TP TO INFORM THE STATUS. + SUBMIT WP REPORT & CLOSE CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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: L/G S$ 950.00 (2 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia : COID REAR-ENDED TP)
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	NO SETTLEMENT "REPUDIATION"
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ —		
Medical:	S$ —		
Disbursement:	S$ —	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ —		2) Report Format: WP REPORT
Total:	**S$** —	**Global Sum S$:**	3) Survey fee: $320.00

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: —	