15/5/2010

INS. CASE OWNER: CC 7/AIG1801 UR 7613 / LK 2639

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 10/7/18 Date / Time : 10/7/18

Registered in Merimen: 11/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLG 3067J	Claim No. :	6N8015704 SG
Name of Insured :	UR	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 6/7/18	Place of Accident :	TRAFFIC JUNC OF BAYFRONT AVE X SHEARES LINK
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : LOH FIN LENG		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHC 5169D →

INSRS: WSP: Trans Cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 5169D - ✗ SLG 3067J - ✓
17/7/18	
Joy.	H2R?
	TP TURNED FROM A GO-STRAIGHT ONLY LANE PER OI SKETCH.
	X CONFLICTING
01-8-19	EQUAL LIABILITY IS THE BEST SETTLEMENT (SEE COMMENT)
30/6/2020	AIG instruct to reject and submit invoice file pass to me to close.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JO 23-7-18
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$ 16,950 (8 days) Reduction: 40,570 -14174% 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$		AIG: Reject TP claim and ask to submit if no reply/evidence from TP
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	(S x days)	
Loss of Income (LOI):	S$	(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: $250
Total:	**S$**	**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:	