15/5/2010

INS. CASE OWNER: TEE CHOW WAH | CC 4 UR /AIG1801 3207, GH/163 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 20/7/18 Date / Time : 16/7/18

Registered in Merimen: 20/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 1976D Claim No. : 863772060159

Name of Insured : UR Policy No. : 9900090056.

Insured Tel No. : HP: Make / Model : HOLDEN

Excess Sec II :S$ D.O.A : 11/4/18 Place of Accident : HOLLAND RD

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

If NO, Driver Name / Age : WIN KIN WEI (V/L: YES / NO) OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. : Insured Liability : % Final ? Yes / No

FBM 5619R → → →

INSRS:
WSP: The Sincere.
Tel :
Liability :
RMKS: 96208307 WILFRED.

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBM5619R-Y SLF1976D-Y	Non-Reporting ltr (1st):	
20/7/18		Non-Reporting ltr (2nd):	
	OID - U - TURNING	Non-Reporting ltr (Final):	
GDQ	TP - STRAIGHT.	Notification ltr (if non-pickup):	
		Call OI:	JOY 27-7-18
		After call ltr to OI:	
	- FINALISED	**Documentation Check List:**	**Handler** / **Typist**
	- TP LOD IN BY EMAIL	Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI: EMAIL	☑ ☐
		Authorisation To Act:	☑ ☐
		Release Voucher:	☑ ☐
19-7-19	EMAIL TO AIG FOR INSTRUCTION.	Final Repair Bill:	☑ ☐
		Car Rental Invoice:	☐ ☐
09/09/19	- SEND ACCEPTANCE EMAIL TO TP	Towing Invoice	☐ ☐
	- DV IN. ALL DOCS IN ORDER.	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: F/P S$ 3,225.60 (5 days) Reduction: 24 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/09/19 Confirm with ANGIE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 11 Q	If NO or B 28, Ass. Lia : (OID U-TURN)
Repair Cost:	S$ 3,225.60	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 100.00 $ 20 x 5 days)	
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: $320.00
Total:	S$ 3,325.60 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,325.60	Name 1:	THE SINCERE MOTOR REPAIRING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	