15/5/2010

INS. CASE OWNER: LOH CHEE HOCK | CC 4 / AIG 180 15008 / ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 16/8/2018

Registered in Merimen: 17/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 2153R

Name of Insured : POH WEI LUN, AGNES

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/8/2018

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : CHIA WEN BAO, TORCH

Driver Tel No. : 98324942 (V/L: YES / NO)

Claim No. : 8917Z421136G

Policy No. : 700469635

Make / Model : M.BENZ A180

Place of Accident : AYE / UTE

Nature of Accident : _____

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

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

SLZ 6336Z → SJV 904H → SLD 2153R → SJK 7862G

SLZ 6336Z	SJV 904H	SLD 2153R	SJK 7862G
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: CHEE HOE
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OT	RMKS: TP

Date/ Time	
21/8	SJK 7862G - CC6/AIG 15014734/AYA342 ; DOA 27/8/18
MV	SLD 2153R - X
	- INTERCEPT BOUND
08/10/18 @ 9:22PM	- SPOKE TO OID. HE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 4 VEH. C.C. & WAS THE 2ND CAR. INFORMED TP CLAIM & WCF, AGREED TO CLOSE & ADVISE NCD ISSUES.
09/10/18	- SENT LETTER & EMAIL TO OI.
	- EMAIL LIABILITY CLOSE
26-04-19	TO CANCEL FILE NO SURVEY DONE.
	- SPOKE TO JUNE, OWNER DID NOT RENEW COE. NO REPAIR DONE, SHE CLOSED CASE ON HER END.
	- EMAIL TO AIG TO CANCEL CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	08/10/18 - VIC
After call ltr to OI:	09/10/18 - VIC

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$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x 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$ —	
Disbursement:	S$ —	(e.g. Tow/ Independent)
Legal Cost	S$ —	
Total:	S$ —	**Global Sum S$:**

If NO or B 28, Ass. Lia : 0%

AT VEH. C.C., OID 2ND CAR)

CANCELLED CASE NO SURVEY

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:	—