15/5/2010

INS. CASE OWNER: BENNIE | CC 4 /AIG1801 5296 / N 4639 | LKK: / IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 24/08/18 Date / Time: 27/8/18

Registered in Merimen: 28/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBG 4439G	Claim No. :	5774987789450
Name of Insured :	FEDERAL EXPRESS (S) PTE	Policy No. :	1008279969
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 21/8/18	Place of Accident :	CLEMENTI RD

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

If **NO**, Driver Name / Age : MUHAMMAD IZZUDDIN BIN KAJAHBODIG OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Driver Tel No. : (V/L: YES / NO) [YES circled] Insured Liability : % **Final ? Yes / No**

SLS 4732C → ____ → ____ → ____

INSRS: WSP: CYS. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
27/8/18	SLS 4732C – X GBG 4439G – X
VIC	
31/08/18 @ 1:51PM	- SPOKE TO OID. HE CONFIRMED ACCIDENT DETAILS W REAR-ENDED TP. INFORMED TP CLAIM W NCD. AGREED TO SETTLE. SEND LETTER TO OI.
	- FINALIZED.
	- TP LOD IN BY EMAIL.
21/01/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
29/01/19	- SEEK MANDATE APPROVAL TO AIG.
	- TP AGREED G/S $8K (ALL IN)
21/03/19	- AIG APPROVED MANDATE.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	31/08/18 - VIC
After call ltr to OI:	31/08/18 - 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: L/S S$ 6,600.00 (8 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/03/19 Confirm with MS TEE Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) [Agreed circled] BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI/D REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 7,062.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 1,100.00 (S$ 100 x 11 days)	
Loss of Income (LOI):	S$ — (S x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	**S$** 8,169.45 **Global Sum S$:** 8,000.00	

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

Payee 1:	S$ 8,000.00	Name 1:	CYS AUTOMOBILE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—