15/5/2010

INS. CASE OWNER: LOH CHEE HONG | CC 6/AIG 180 16734 / Ufa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MAPUMS | DOI: 13/9/18 | Date / Time: 13/9/18 h

Registered in Merimen: 13/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SCU 7888P

Name of Insured : Ong Wee Hong

Insured Tel No. : HP: 97871581

Excess Sec II :S$ D.O.A : 12/9/2018

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

If NO, Driver Name / Age :

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

Claim No. : 55543650495SG

Policy No. : 1700769394

Make / Model : Mazda 3

Place of Accident : CTP Behind Bedok Central

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

Insured Liability : % Final ? Yes / No

SCJ 8222K →

INSRS:
WSP: Hock Wah
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
18/9 CPIC	SCJ8222K - X ; SCU7888P - CB/MAD90106991/91 ; DOA: 9/8/2005 Liability not clear - FINALISED
03/09/19	- FILE REVIEWED. OI REVERTED TO PARK. TP DRIVE PASS. SOUND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES. - TP REPLIED. STILL PURSUING CLAIM - NO FEEDBACK FROM TP
30/03/2020	- EMAIL TO AIG TO CONDUCT WP REPORT - TO CLOSE.
	Need after repair photo (F)

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:	03/09/19 - VLC

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: 18/9/2018 Sent By: HHHC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 1,400.00 (3 days) Reduction: 26 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia : COI REVERTED TO PARK)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	NO SETTLEMENT TP INACTIVITY
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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $290.00
Total:	S$ — 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:	—