

15/5/2010

INS. CASE OWNER:

#00 SUMMI

CC 6 /AIG1801

6801, A 11/11/18

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

12/11/18

Date / Time:

11/11/18

Registered in Merimen:

W/A/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCV 8000X

Name of Insured:

MICHAEL TAN YONG SHAN.

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

7/11/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

EYAN TAN YE KAI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

ANU667401054

Policy No.:

700452619-07

Make / Model:

ELN

Place of Accident:

BLP NEAR EXIT 14A

OI GIA REPORT:

YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

SCV 8000X

SUDENA

SIC 8641C



INSRS:

WSP:

Tel:

Liability:

RMKS:

h



INSRS:

WSP:

Tel:

Liability:

RMKS:

ALL

BAND

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/11/18
7/11

SUDENA - 4 SCV 8000X - 4

3 vehicles chain collision old last vehicle.

30-11-18

TRANSFER: TAIN² TO JOY

19-12-18

LOD IN.
FOR MANDATE

29/01/2020

02/02/2020

- AIG APPROVED MANDATE
- SEND 1st OFFER TO TP
- TP ACCEPTED OFFER.
- 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:

After call ltr to OI:

THIN
23/10

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\$ 19,368.23 (10 days) Reduction: 31 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

S\$ 19,368.23 (Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia: 100

Repair Cost:

S\$ 19,368.23

(3 JBM.C.C., OLD UNIT)

Loss of Rental (LOR):

S\$ 1,000.00 (10 days) X 2100

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☒LOU only ☐LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search

S\$ 7.41

Medical:

S\$ -

Disbursement:

S\$ -

(c.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$310.00

Total:

S\$ 20,375.67 Global Sum S\$: 18,600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 18,600.00

Name 1:

ACE AUTO SOLUTION

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-