15/5/2010

~~INS.~~ CASE OWNER: TOO CHH YAN | CC 4/ AIG180 13180 / ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 20/9/18

Registered in Merimen: 20/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJU 5151 K	Claim No. :	8732396529 OG
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/9/2018	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: YES / (NO))	Insured Liability : %	**Final ? Yes / No**

XD 5672 Y → ______ → ______ → ______

INSRS: WSP: ChungHoe. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
10/10	XD5672Y, X;
	SJU5151K - ch3/AIG18001941/TLL/y3w2; DOA: 30/1/15
15/10/18 @ 5PM	- CALL OID. OVERSEAS TONE. FILE REVIEWED.
	OID EXITING FROM WINOR ROAD.
18/10/18 @ 4:30PM	- CALL OID. NO RESPONSE. SEND LETTER TO
	OI TO NOTIFY TP CLAIM 4 NCD ISSUES.
	- EMAIL LIABILITY CLEAR.
20/01/2020	- TP INDEMNITY. NO SURVEY DONE.
	- TO CANCEL CASE.
	- EMAIL TO AIG TO CANCEL CASE
20-01-20	TO CANCEL. NO SURVEY.

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:	18/10/18 - OIC

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. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		COID FROM WINOR ROAD)
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	CANCELLED CASE
Loss of Income (LOI):	S$ —	($ x days)	TP INDEMNITY /
LOR only [ ]	LOU only [ ] LOR + LOU [ ]	LOR + LOI [ ] **[Tick only one]**	NO SURVEY DONE
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: —
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:	—