15/5/2010

INS. CASE OWNER: | CC 6 /AIG1801 8005 / A664 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian — DOI: 7/10/18 — Date / Time: 7/10/18

Registered in Merimen: 5/10/18

Pre-assign / CCU / FTE

Insured Vehicle No.:	SKT 6761L	Claim No.:	3371816907864
Name of Insured:	KHOO SIEW KIANG	Policy No.:	7004 1781 -07.
Insured Tel No.:	HP: 96156411	Make / Model:	MAZDA
Excess Sec II :S$	D.O.A: 7/10/18	Place of Accident:	YIO CHU KANG TOWN HALL RD HEADING TPMS PIE
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**

SJE 7655M → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Zen Werkz	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
9/10/18	SJE 7655M – Y SKT 6761L – Y
	- FINALISED.
V/C	- OI PHYSICALLY UNWELL (FROM CLINIC)
	- TP LOD IN BY EMAIL.
26/10/18 @ 2:21PM	- CALL OI. NO. NOT AVAILABLE. FILE REVIEWED. OI REAR-ENDED TP.
	- AIG INSTRUCTED TO GET OI SIGN LETTER OF UNDERTAKING & INTERVIEW FORM & CONFIRM IF ANY MEDICATION TAKEN BEFORE ACCIDENT.
07/11/18	- RECEIVED SIGNED DOCS. FORWARDED TO AIG.
08/11/18	- AIG AGREED DS.
09/04/19	- SEND 1ST OFFER TO TP
16/04/19	- 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:	05/11/18 - V/C
After call ltr to OI:	26/10/18 - V/C

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/G — S$ 2,500.00 (5 days) Reduction: 54 % — Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/04/19 — Confirm with CHRIS — Email ✓ Call ☐

Final Liability:	% 100 ((Agreed) / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia: (OI REAR-ENDED TP)
Repair Cost: W/GST	S$ 2,675.00	
Loss of Rental (LOR):	S$ 700.00 (7 days) x $100	
Loss of Use (LOU):	S$ — ($ x days)	PHOTOS UPLOADED IN MERIMEN ONLY
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:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	**S$** 3,375.00 **Global Sum S$:** —	

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

Payee 1:	S$ 3,375.00	Name 1:	ZEN WERKZ LLP
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—