15/5/2010

INS. CASE OWNER: FOO CHAI YAN | CC 6 /AIG1801 8058 / 663 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 4/10/18

Registered in Merimen: 4/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SDY 2075 — Claim No. : 6U405ZZZZ69

Name of Insured : NG BOON MENG — Policy No. : 7100UZZZZ-01

Insured Tel No. : ______ HP: 98427069 — Make / Model : NISSAN

Excess Sec II :S$ ______ D.O.A : 20/9/18 — Place of Accident : 2ND LINK ENTERING MALAYSIA IMMIGRATION TO SG.

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**

SLL 5242C → ______ → ______ → ______

INSRS: WSP: CMV Crafters. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
9/10/18 VIC	SLL 5242C / SDY 2075 } 4U/AGM/1801785/13263 DVF 20/9/18
18/10/18	- FILE REVIEWED. TP CHANGED LANE. OI WITHIN LANE. - EMAIL LIABILITY UNCLEAR. - EMAIL AIG FOR RESOLUTION.
18/10/18	- OI VIDEO FOOTAGE IN. V DRIVE/ VIC/ SDY 2075. - UPLOADED IN MERIMEN.
19/10/18	- OI WORKSHOP CONFIRMED OI WITHDRAW CLAIM AGAINST TP. - NO SURVEY. - CANCEL CASE
22-11-18	TO CANCEL FILE, NO SURVEY DONE.

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:	

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:	% (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	TP CHANGED LANE
Loss of Rental (LOR):	S$ – (days)	CANCEL CASE
Loss of Use (LOU):	S$ – ($ x days)	NO SURVEY
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:
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:	–