15/5/2010

INS. CASE OWNER: FOO CHIT YAN | CC 6 /AIG1801 8058 / hl3 | 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. :	6040597-02069
Name of Insured : NG BOON MENG		Policy No. :	7100486702-01
Insured Tel No. :	HP: 98471069.	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 5243C → ______ → ______ → ______

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

Date/ Time	
9/10/18 V/C	SLL 5243C / SDY 2075 } 44/MSM/801785 / 73263 DVF 20/9/18
10/10/18	- FILE REVIEWED. TP CHANGED LANE. OI WITHIN LANE.
	- EMAIL LIABILITY UNCLEAR.
	- EMAIL AIG FOR REJECTION.
18/10/18	- OI VIDEO FOOTAGE IN. V PRIME/ V/C/ 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. : 13	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: –	