15/5/2010

INS. CASE OWNER: JIMMY POO | CC3 / AIG 180 18060 / Ghaz | LKK: IDAC:

ASSIGNMENT

Surveyor: XhQ DOI: 3-10-18 Date / Time: 3-10-18

Registered in Merimen: 4-10-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 5732D Claim No. : 5131114327 SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 1-10-18 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

SHD 9796 L → → →

INSRS: WSP: Tran-Cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
18/10	SHD9796L - CS/TP18009393/K443C3 ; DOA: 29/6/15
WC	- NAINC17013391/K44 ; DOA: 10/7/17
	SLH 5732D - X
	POTENTIAL REJECT
18/10/18 @ 5:47PM	- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS & HIGHLIGHTED HE WAS WITHIN LANE & TP CHANGED LANE. HE VIDEO FOOTAGE PROVIDED TO HIS WORKSHOP OIAC. INFORMED HIM OF TP CLAIM & WE WILL PROPOSE TO DENY TP CLAIM TO REINSTATE HIS NCD. REPLIED AIG EMAIL.
	- EMAIL OI WORKSHOP FOR COPY OF VIDEO FOOTAGE.
	- OI VIDEO IN. V DRIVE / VC / SLH 5732D
	- UPLOADED IN MERIMEN.
29/10/18	- AIG AGREED TO REJECT TP CLAIM.
30/10/18	- EMAIL TO TP TO DENY CLAIM.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	18/10/18 - VK
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:		

Reject Case
By (staff) : VIC
Approved by : Vn
Date : 30/10/18

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: HG S$ 2,600.00 (4 days) Reduction: 9 % Email Call

FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	TP CHANGED LANE
Loss of Rental (LOR):	S$ — (days)	REJECT CLAIM
Loss of Use (LOU):	S$ — ($ x days)	
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: $320.00
Total:	S$ — **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:	—