15/5/2010

INS. CASE OWNER: JACLYN | CC3/AIG1801 20047/TI/8839 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH   DOI: 09/11/18   Date / Time : 5/11/18

Registered in Merimen: 5/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : EE 1623K   Claim No. : 91056249755G

Name of Insured : BERNICE FRANCK WEE AYE   Policy No. : 2100356804

Insured Tel No. :   HP: Make / Model : LAND ROVER.

Excess Sec II :S$ D.O.A : 20/10/18.   Place of Accident : BKT BATOK WEST AVE 8.

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**

SLG7741S. → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Premium	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLG 7741S – 4 EE 1623K – 4
	- FINALISED
9/11/18 joy.	- ORIGINAL TP LOD IN
13-11-18	@ 938 CALLED - NO ANSWER.
13-11-18	@ 1138 CALLED - NO ANSWER
13-11-18	@ 225 PM CALLED OI - SHE CONFIRMED ACC. DETAILS, AGREED & AWARE NCD ISSUE.
	- REPORT DONE FOR MANDATE
26/06/19	- SEEK MANDATE TO AIG.
27/06/19	- AIG APPROVED MANDATE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	13/11/18 - JOY
After call ltr to OI:	26/06/19 - VIC

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:

CONFIRMED AMOUNT SAME AS LOD.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIS   S$ 10,000.00 (7 days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/07/19   Confirm with NARS   Email ☑ Call ☐

Final Liability:	% 100 ((Agreed) / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 10,700.00	OI D REVERSING
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 800.00 ($100 x 8 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee: $320.00
Total:	**S$** 11,502.00 **Global Sum S$:** —	

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

Payee 1:	S$ 10,702.00	Name 1:	PREMIUM AUTOCARE CENTRE
Payee 2: (Strike if N.A.)	S$ 800.00	Name 2:	LYONG JACK
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—