15/5/2010

INS. CASE OWNER: LEE MING YAO | CC 6 /AIG1802 1553 / Aj63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 28/11/18 Date / Time : 28/11/18. Registered in Merimen: 28/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLP 4438T.	Claim No. :	0771587650S6
Name of Insured :	MASWELL LEASING & LIMOUSINE P/L	Policy No. :	AAAAA4770.
Insured Tel No. :	HP:	Make / Model :	Honda
Excess Sec II :S$	D.O.A : 26/11/18.	Place of Accident :	AMK AVE 3.
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : MARCUS LEE CHUN MING (4 JUNMING)		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJG 6707M · → ____ → ____ → ____

INSRS: WSP: Tel : Liability : RMKS: TK	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
4/12/18 Jon.	SJG6707M } 0224487 } MM/ALL/1802129 (ref date 26/11/1	
	VIDEO - H2R	
9-1-19 @	327PM W/ BEN (OI) ASK US TO SEND HIM EMAIL.	
	- OI AGREED TO GET AIG SETTLE.	
	- MAX TP PV 4 ACA.	
	1,950.xx	
	400.xx	
	$2,350.xx	
	SUR - $ 342.40	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	24-9-1-19
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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$ 1,950.00 (3 days) Reduction: 53 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/09/19	Confirm with AH KEONG	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,950.00		
Loss of Rental (LOR):	S$ — (days)		TP VIDEO.
Loss of Use (LOU):	S$ 400.00 ($100 x 4 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐	LOU only ✓ LOR + LOU ☐ LOR + LO ☐ **[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: $320.00
Total:	S$ 2,350.00 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,350.00	Name 1: T K MOTOR WORKSHOP	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	