15/5/2010

INS. CASE OWNER: benne | CC3 /AIG1802 445 / 4b3 K | LKK: IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 17/12/18

Registered in Merimen: 17/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJS 5442G	Claim No. :	7 25607425759
Name of Insured :	YEO SEOW HUI	Policy No. :	71008271 -02
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 17/12/18	Place of Accident :	AYE TWDS TUAS.
Is driver the owner?	(YES / (NO))	Nature of Accident :	
If **NO**, Driver Name / Age :	TEW KOK SING	OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SFZ 9559M → → →

INSRS: WSP: performance Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFZ9959M – X SJS5442G – Y
20/12/18 Vikki Kin.	liability unclear, to request video footage from O1.
27/12/2018	Spoke to O1, informed TP claim, O1 mention he have video footage, O1 try to avoid the motorcycle on the road side and lost control from extreme right lane to extreme left lane, based on the video footage, initially TP was on infront of O1 vehicle and change lane to lane 2. based on the video, unable to figure out the point of impact, of concern is TP likely also change lane, the final position is both vehicle at extreme left lane, O1 claim that his vehicle being rear ended.
18/12/19 Khanchana	- TP convert to OD claim may submit recovery to AIG. File pass to Shu Pei to close
19-12-19	TO CLOSE 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: 27/12/2018	
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. :	If NO or B 28, Ass. Lia : *NO survey done*
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	(S$ x days)	
Loss of Income (LOI):	S$	(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:	