15/5/2010

INS. CASE OWNER: FOO CHIT YAN | CC3 /AIG1900 2263 / KT/63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 1/7/19 Date / Time : 1/7/19

Registered in Merimen: 11/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 1048D — Claim No. : 14 6747 67 77159

Name of Insured : ANSWELL LEASING & LIMOUSINE Ph — Policy No. :

Insured Tel No. : HP: — Make / Model :

Excess Sec II :S$ D.O.A : 20/1/19. 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**

SHL 5979U → ______ → ______ → ______

INSRS: Trans	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Cab.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHL5979U - WA/9118UJ7671/Tj/63 DNA. 26/8 ✗
	SLU1048D - ✗
	- NO OI GIA. SEEK ML 2ST 6/7KR.
	- FINALIZED
	- ORIGINAL TP LOD IN
	- NO OI GIA REPORT IN YET.
	- OI GIA REPORT IN.
27/08/19	- FILE REVIEWED. OID REPORTED HE STOP BEHIND TP. NO COLLISION.
	- EMAIL TO TP FOR EVIDENCE.
17/09/19	- AIG SAID OI POLICY NOT APPLICABLE
	- AIG INSTRUCTED TO CLOSE, SUBMIT WP.
	LOD IN. FOLLOW-UP OI GIA.
16/10/19	- EMAIL TO TP TO INFORM REPUDIATION
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	18/02/19
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: LIS S$ 1,850.00 (2 days) Reduction: 93 % 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: (W/GST)	S$ —		
Loss of Rental (LOR):	S$ —	(3 days) x $101.46	NO SETTLEMENT
Loss of Use (LOU):	S$ —	($ x days)	REPUDIATED
Loss of Income (LOI):	S$ —	($ x days)	BREACH OF POLICY
LOR only ☑	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ ~~7.49~~		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —		3) Survey fee: $ 290.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	~~TRANS-CAB AUTO SERVICES PTE LTD~~
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—