15/5/2010

INS. CASE OWNER: LEE MING YAO | CC Y/AIG1900 2479/G663 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ   DOI: 19/02/19   Date / Time : 12/3/19.

Registered in Merimen: 12/3/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SBH 82Y.		Claim No. : 8229262704569	
Name of Insured : TAN KIM UAN EVELYN		Policy No. : 1800128611	
Insured Tel No. :	HP: 98233563	Make / Model : VOLKSWAGEN.	
Excess Sec II :S$	D.O.A : 30/1/19.	Place of Accident : HONG KAH UP GATHER	
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SKZ 6321S → →

INSRS: My Car Consultant WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKZ 6321S 2WAY/MSG/AOUSTAY/04 OUT. 30/1/19
	SBH 82Y
	OI - NO CONTACT.
	- TP VIDEO IN. UPLOADED IN MERIMEN
	- FINALISED
10-4-19	@518 w/ Jeremy of mycar req for video
	- TO DO HEIGHT MEASUREMENT
16/12/19	- TP WORKSHOP CONFIRMED NO REPAIR DONE TO TP VEH. OWNER DID NOT COME BACK.
	- EMAIL TO AIG TO SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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: TP S$ 400.00 (2 days) Reduction: 89 % 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$ –		NO SETTLEMENT TP OWNER DID NOT RETURN / NO REPAIR
Loss of Rental (LOR):	S$ –	(days)	
Loss of Use (LOU):	S$ –	($ x 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: N l/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ –		3) Survey fee: $250.00
Total:	**S$** –	**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: –	