15/5/2010

INS. CASE OWNER: NORSIAH | CC 6 /AIG1900 3506 / 119/3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus | DOI: 26/7/19 | Date / Time : 25/7/19.

Registered in Merimen: 25/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJX 8862M.

Name of Insured : ANTHONY MARLEY

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/7/19

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 7456700302334

Policy No. :

Make / Model :

Place 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**

FBH 1551D →

INSRS: WSP: BHH Tel : Liability : RMKS:

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Date/ Time	
	FBH1551D - X SJX8862M - X
	- NO OI GIA, SENT OUT 1ST LETTER.
	- OI VIDEO UPLOADED IN MERIMEN
	OI REPORTED TP CLAIM.
	- FINALIZED
	- ORIGINAL TP LOD IN
30/07/19 @ 4PM	- SPOKE TO OI. CONFIRMED ACCIDENT DETAILS & DISPUTED ON LIABILITY. INFORMED TP CLAIM. OI SAID VIDEO PROVIDED TO RC. NO UPDATE FROM CMC W/ REGARDS TO HIS CLAIM. SEND EMAIL TO OI TO NOTIFY TP CLAIM.
22/08/19	- EMAIL TO AIG TO REJECT CLAIM
	- AIG APPROVED TO REJECT CLAIM
04/10/19	- EMAIL TO TP REJECT CLAIM

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:	30/07/19 - VC

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:

Reject Case
By (staff) : VC
Approved by : Vk
Date : 06/11/19

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 790.00 (4 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : 33	If NO or B 28, Ass. Lia : OTP OVERTAKING OV OI CHANGING LANE. OI VIDEO IN.
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: $320.00
Total:	S$	**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:	–