15/5/2010

INS. CASE OWNER: CC 3 /AIG1900 5528/K6h3 LKK: IDAC:

ASSIGNMENT

Surveyor: Khanchn. DOI: 24/7/19 Date / Time : 24/7/19

Registered in Merimen: 28/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMJ 1640.		Claim No. :	9005627750094
Name of Insured : PEH HOCK MENG (BAN FURNMS)		Policy No. :	1901017436.
Insured Tel No. :	HP:	Make / Model :	MERCEDES.
Excess Sec II :S$	D.O.A : 24/7/19.	Place of Accident :	STADIUM BLVD.
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**

SHF 595Z → ______ → ______ → ______

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

Date/ Time	
	SHF 595Z - X SMJ1640 - X
12/6/19	* To request OI video ✓ * VIDEO SAVED IN V DRIVE
12/8/2020 Khanchna	-AIG - approved to reject. -Survey done.

Reject Case
By (staff) : Khanchna
Approved by : Yu
Date : 12-08-20

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:	2/9/19 Khanchna

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 Ins~~truction~~:	☑	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 4S S$ 3,200 (2 days) Reduction: 23,449.90/58%. 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 : * Reject claim.
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: TP
Legal Cost	S$		3) Survey fee: $320
Total:	S$	**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: