15/5/2010

INS. CASE OWNER: CHAN HUNCHUNG | CC 3 /AIG1900 708 / KJ63 9 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 21/4/19 Date / Time : 21/4/19.

Registered in Merimen: 21/4/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 1848L Claim No. : 193078586S4

Name of Insured : SHENG JIAO. Policy No. :

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

Excess Sec II :S$ D.O.A : 21/4/19. Place of Accident : LIEW YIMG CHOW DR

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

If **NO**, Driver Name / Age : GAO QIANG.

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 831C → → →

INSRS: TRANS CAB.	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD831C-4 SLH1848L-4
	- FINALIZED - ORIGINAL TP LOD IN
09/10/19	- FILE REVIEWED. OLD REAR-ENDED TP. SEND LETTER VIA EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- TYPE REPORT FOR WANDATE APPROVAL - REPORT DONE
01/11/19	- SEEK WANDATE TO AIG - OI VIDEO UPLOADED BY AIG IN WORKLIST
22/11/19	- AIG APPROVED WANDATE - SEND 1ST OFFER TO TP
25/11/19	- TP ACCEPTED OFFER. - ALL DOCS IN ORDER - TO CLOSE.

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:	09/10/19-JIC

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: P/P S$ 9,099.57 (5 days) Reduction: 81 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/11/19 Confirm with WAI YIN Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

Repair Cost: (W/GST) S$ 9,736.54 If NO or B 28, Ass. Lia : COLO REAR-ENDED TP)

Loss of Rental (LOR): S$ 518.00 (5 days) X $103.60

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$ 7.49

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $320.00

Total: S$ 10,262.03 **Global Sum S$:** 10,260.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 10,260.00	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:	—