15/5/2010

INS. CASE OWNER: BERNARD | CC 6 /AIG1900 7419 /Ah63 4 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 25/4/19 Date / Time: 25/4/19
Registered in Merimen: 26/4/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFQ 420K	Claim No. :	4148770305[illegible]
Name of Insured :	OH CHEM FAT	Policy No. :	710037646904
Insured Tel No. :	HP:	Make / Model :	LANDROVER
Excess Sec II :S$	D.O.A : 23/4/19.	Place of Accident :	ALEXANDRA RD

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

If **NO**, Driver Name / Age : TADA YASUYO. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SFN 5885K → GBH 5475P → SFQ420K → SJR 1681P

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: Kang WSP: Tel : Liability : RMKS: TP

Date/ Time	
	SJR1681P - Ian/case19004[illegible] DOA: 18/[illegible]
	SFQ420K - 4
	6VC ; OI 4TH
30/04/19	- FILE REVIEWED. OI INVOLVED IN A 6 VEH.C.C. OI WAS THE 4TH CAR.
	- FINAL LIABILITY CLEAR
24/07/19	- SEND LETTER TO OI TO NOTIFY TP CLAIM.
	- FINALIZED
	- TP LOD IN BY EMAIL
05/09/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
30/09/19	- SEEK MANDATE APPROVAL TO AIG
08/10/19	- AIG APPROVED MANDATE.
	- SEND 1ST OFFER TO TP
	- 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:	24/07/19 - VIC

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: L/G S$ 17,000.00 (21 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/10/19 Confirm with SHARON Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (6 VEH.C.C.; OI 4TH)
Repair Cost: (w/GST)	S$ 18,190.00	
Loss of Rental (LOR) (w/GST)	S$ 1,284.00 (12 days) X $100	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**	
GIA/LTA Search	S$ 10.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	**S$** 19,484.00 **Global Sum S$:** 19,480.00	

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

Payee 1:	S$ 19,480.00	Name 1: KANG CAR REPAIRERS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —