INS. CASE OWNER: LOH CHEE HENG | CC 6/AIG 1900 7562 / AJ23 | LKK: | IDAC:

ASSIGNMENT

Surveyor: LUP | DOI: 29/4/19 | Date / Time: 29/4/19

Registered in Merimen: 30/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKN 2658K	Claim No. :	B93AG3327795G
Name of Insured :	Ma Yu Lin	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A: 24/4/2019	Place of Accident :	
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**

SJP 9322J →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: premium Car	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJP9322J - MBA/MS G1301872015/4 ; DOA: 01/10/2013
	SKN 2658K - X
	- TO GET OI VIDEO FOOTAGE
	- TP LOD IN BY EMAIL
21/6/19	- OI informed of TP claim
	- LETTER SENT OUT.
	- OI VIDEO UPLOADED IN MERIMEN BY AIG
29/07/19	- SEND ACCEPTANCE EMAIL TO TP.
	- 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:	21/06/19 - Sunny

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: LG	S$ 5150.00 (7 days)	Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/07/19	Confirm with AUN TONG	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OI CHANGED LANE OI VIDEO IN
Repair Cost:	S$ 5,150.00		
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 360.00 ($60 x 6 days)		
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 5,517.45	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,517.45	Name 1:	PREMIUM CARZ SERVICES PTE LTD
Payee 2: (Strike if N.A)	S$ —	Name 2:	—
Payee 3: (Strike if N.A)	S$ —	Name 3:	—