15/5/2020

INS. CASE OWNER: CC 4/AIG1900 8410 / J 4663

LKK:

IDAC:

ASSIGNMENT

Surveyor: HJ.

DOI: 17/4/20.

Date / Time : 17/4/20

Registered in Merimen: 17/4/20.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 1130m.

Name of Insured : URP Pte

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/4/20.

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : UNKE KOK LEONG.

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : 9000000074

Make / Model : HONDA

Place of Accident : BISHAN RD JUNC OF BISHAN ST 11

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

PC 6045B → → →

INSRS:
WSP: SMRT.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 6045B - Y SLD 1130m °R
6/7/2020	PIR against TP - AIG approved to reject TP clm. E-mail sent to TP to reject.

Reject Case
By (staff) : Khanchan
Approved by : Yu
Date : 06-7-20

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:	/ e-mail 19/7/20.

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:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$		PIR against TP.
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	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:	