15/5/2010

INS. CASE OWNER: CHAN KWAN WENG | CC 6 /AIG1900 9078 , E 703 | LKK: / IDAC:

ASSIGNMENT

Surveyor: STEVE   DOI: 22/5/19   Date / Time : 22/5/19

Registered in Merimen: 22/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMH 7826M	Claim No. :	1 AAB C4 229 06G
Name of Insured :	TWINCAR LEASING P/L	Policy No. :	9/1999 4387.
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 6/5/19	Place of Accident :	WEST COAST HIGHWAY JUNC OF WEST COAST LINK
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : TOH HOON PENG STEVE		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SGK 5681K →   →   →

INSRS: SIN WSP: HUP Tel : Liability : 100 RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SGK5681K } CON/AIG1900 8047/19 DOA: 6/5/19 SMH7826M }	Non-Reporting ltr (1st):	
	- POTENTIAL REJECT CLAIM	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	- FINALISED	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
10/08/19	- FILE REVIEWED. TP CHANGED LANE.	**Documentation Check List: Handler Typist**	
	- EMAIL TO AIG TO REJECT CLAIM	Notification ltr (if non-pickup)	
		After call ltr to OI:	
14/08/19	- AIG AGREED TO REJECT TP CLAIM	Authorisation To Act:	
	- EMAIL TO TP REJECT	Release Voucher:	
	- TO CLOSE.	Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
	Reject Case By (staff) : VIC Approved by : [signature] Date : 19/08/19	LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	✓
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 45	S$ 1,800.00 (5 days)	Reduction: 33 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : (TP ALTERED LANE)
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	REJECT TP CLAIM
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:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$**	**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: —	