15/5/2010

INS. CASE OWNER: CHOO HONG | CC 3 / AIG 1900 9154 / JG93 | LKK: IDAC:

ASSIGNMENT

Surveyor: Howe Jie DOI: 23/05/2019 Date / Time : 23/05/2019

Registered in Merimen: 24/05/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG 2240 U Claim No. : 7265479899 OG

Name of Insured : Guole Mei Yen Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/05/2019 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

SG 5810 J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: SMRT AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SG 5810 J - X SMG 2240 U - X
	- OI VIDEO IN. UPLOADED IN MERIMEN.
	- FINALIZED
	- TP LOD IN BY EMAIL
08/07/19	- FILE REVIEWED. BASED ON OI VIDEO, TP TURNING, OI VEHICLE STATIONARY WHEN TP HIT OI LEFT WING MIRROR
	- SEEK RESECTION APPROVAL.
09/07/19	- AIG AGREED RESECTION.
	- EMAIL TO TP TO DEAL CLAIM
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : Vm
Date : 09/07/19

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:	

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: Y/P	S$ 355.00 (0.5 days)	Reduction: 27 %	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 :
Repair Cost:	S$ —		COI STATIONARY
Loss of Rental (LOR):	S$ — (days)		OI VIDEO IN
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		NO SETTLEMENT
LOR only LOU only	LOR + LOU LOR + LOI [Tick only one]		REPORT CLAIM
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: —	