15/5/2010

INS. CASE OWNER: TAN BONNIE | CC6 /AIG 1900 9190 / AGa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrain DOI: 24/5/19 Date / Time : 24/5/19

Registered in Merimen: 24/05/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 2360S Claim No. : 054322282866

Name of Insured : Hyatt Reno Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 23/05/2019 Place of Accident :

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SMG 2620G →

INSRS:
WSP: Green Forest Pte Ltd
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMG 2620G – X GBF 2360S – X
	– PINALISED
	– TP LOD IN BY EMAIL
08/07/19	– FILE REQUIRED. OD REPORTED NOT AWARE OF ACCIDENT.
	– EMAIL TP TO GET EVIDENCE
	– TP VIDEO IN. V/VIC/SMG 2620G – UPLOADED IN UBERIMEN
09/07/19	– EMAIL TO AIG FOR INSTRUCTION.
5/08/19	– AIG APPROVED TO REBOOT.
	– EMAIL TO TP TO DRAW CLAIM.
	– TO CLOSE.

Reject Case
By (staff) : Vic
Approved by : Yen
Date : 14/08/19

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: HO S$ 2,250.00 (5 days) Reduction: 67 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: Confirm with Email [ ] Call [ ]

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : 279	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	NO SETTLEMENT
Loss of Use (LOU):	S$ – ($ x days)	REBOOT TP CLAIM
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:	–