15/5/2010

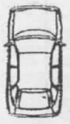
INS. CASE OWNER: CC 6/AIG1901 0947, eb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23/6/19

Registered in Merimen: 20/6/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 4761G

Name of Insured : Vinco Investments Pte Ltd

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 20/2/19.

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. : 26038971555G

Policy No. : _____

Make / Model : _____

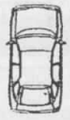
Place of Accident : _____

Nature of Accident : _____

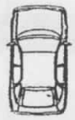
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

(V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

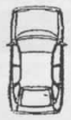
GZ 7139T → _____ → _____ → _____



INSRS:
WSP: Jin Anto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GZ 7139T — X GBF4761G — X
11/7/19	— NO OI GIA, SENT OUT 1ST LETTER. 1ST RA → $2.54
06.08.19	EMAIL WSP LIABILITY CLOSURE.
23.03.20	CHECK WITH WSP CLAIMANT DID NOT SENT IN FOR SURVEY/REPAIR.
23.03.20	INFORM AIG TO CANCLE CASE WITH NO BILL.
23/3/20	TO CANCEL NO Survey done.
	OI WANT THE FINAL AMOUNT, LIKE TO PRIVATE SETTLE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	10/07/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	EMAIL 06.08.19
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:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID MOVE OUT OF PARKING LOT.	
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 + LO ☐ **[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:
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:	