15/5/2010

INS. CASE OWNER: WILSON | CC 4WR /~~AIG~~1901 1312, Uhbb. | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus. DOI: 26/6/19 Date / Time: 25/6/19

Registered in Merimen: 26/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 3975S. Claim No. : 710845m685.

Name of Insured : WR. Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/7/19 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**

FX6297T → → →

INSRS: WSP: Eroffa. Tel : Liability : RMKS:

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Date/ Time	
	FX6297T – X SLK3975S – X
	– WR non reporting
01/07/19	– NO OI GIA REPORT IN YET.
	– PIR IN. AGAINST OID
	– FINALISED
	– ORIG. TP LOD IN
20/07/19	– NO OI GIA REPORT IN YET.
	– OI GIA REPORT NP.
	– FILE REVIEWED. OID TURNING FROM MINOR ROAD.
12/11/19	– OID B/L INVALID. CHECK AIG IF BI CLAIM SETTLED.
28/02/2020	– AIG CHASED IN. SUBMIT WP REPORT AS BI CLAIM COMING IN.
	– THEY WILL SETTLE TOGETHER W/ PD/BI.

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: AGAINST OI	/	
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: L/S S$ 3,100.00 (5 days) Reduction: 58 % 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 : NO SETTLEMENT WP REPORT TP PASS LAWYER
Repair Cost:	S$ –	
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: WP REPORT
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:	–