(54½ - 16/8)

INS. CASE OWNER: BONNIE | CC 6 / AIG 19011842 / TI ha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Taufiek | DOI: 3/7/19 | Date / Time: 3/7/19

Registered in Merimen: 4/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : BE 747 T ✓ | Claim No. : 58 A1378 4290G

Name of Insured : Loh Lee Kin ✓ | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 21/6/19 | 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**

SMF 1410H →

INSRS: Sin Hup Lee	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SMF 1410H : X
	BE 747 T : CS/PC11000 1072/Dbn D.O.A : 14/1/10
11/7	OINR sent out first letter.
	- OI GIA REPORT IN.
21-08-19	AS T/P VEHICLE CAME OUT FROM HIS HOUSE WITHOUT GIVING WAY TO O/I WHO WAS ALONG MAIN ROAD WE CAN REJECT T/P CLAIM.
	- OI VIDEO UPLOADED BY AIG IN MERIMEN
02/09/19	- STATIC REJECTION APPROVAL TO AIG
	- MINUTED
02/10/19	- AIG APPROVED TO REJECT TP CLAIM.
	- EMAIL TO TP REJECT CLAIM
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	19/8/19
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:	☐	☐

Reject Case
By (staff) : VIC
Approved by : Yn
Date : 09/10/19

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 2,200.00 (3 days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : REBUT CLAIM TP MINOR ROAD OI MAIN ROAD
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 + 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$:**	4) RA fee: $ 2.5%

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:	–