15/5/2010

INS. CASE OWNER: BERNARD | CC6 / AIG 190/12345 / Aha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/7/19 Date / Time: 11/7/19

Registered in Merimen: 12/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SCF 3228Z Claim No. : 462734BGA65G 6x

Name of Insured : Tan Chin Tjong Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 10/7/19 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

SJU 1120B →

INSRS:
WSP: Kai Motor
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJU 1120B } X SCF 3228Z }
	- FINANCED
10/08/19	- FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- EMAIL LIABILITY UPDATE - TP LOD IN BY EMAIL
28/08/19	- UPLOADED IA IN MERIMEN
02/09/19	- AIG APPROVED LIABILITY
04/09/19	- SEND 1ST OFFER TO TP - TP ACCEPTED OFFER. - ALL DOCS IN ORDER. - TO CLOSE.

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:	10/08/19 - VIC

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 : (NO INVOICE)		
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: HS	S$ 3,550.00 (6 days)	Reduction: 48 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/09/19	Confirm with HS KYM 27	Email / Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,798.80		COI (REAR-ENDED TP)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 480.00 ($60 x 8 days)		
Loss of Income (LOI):	S$ — ($ 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: $020.00
Total:	S$ 4,278.50	Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,278.50	Name 1:	KAI MOTOR TRADING
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—