15/5/2010

INS. CASE OWNER: BONNIE | CC 4/ AIG 190 12549, K ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02/09/19 Date / Time : 16/7/19

Registered in Merimen: 16/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SML6651P Claim No. : 6302403558 0G

Name of Insured : Hameed Sulthan Nijam Mohideen Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/7/2019 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**

SLM8972G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Esteem	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : PML	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLM8972G - X ; SML6651P - X
27/08/19	- PLC REQUESTED. BOTH TURNING. OI REPORTED THAT TP ENCROACHED LANE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- PENDING OI VIDEO FOOTAGE.
	- OI VIDEO UPLOAD IN WORKMEN.
	- BASED ON FOOTAGE, OI ON A TURNING / GOING STRAIGHT LANE.
11/10/19	- EMAIL TO AIG TO REQUEST TP CLAIM.
12/11/19	- AIG FORWARD TO REQUEST CLAIM
	- EMAIL TO TP REQUEST.
	- TO CLOSE

Reject Case
By (staff) : VIC
Approved by : [signature]
Date : 13/11/19

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:	27/08/19 - 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 :		
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:	% (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	BOTH TURNING)
Loss of Rental (LOR):	S$ — (days)	OI VIDEO IN
Loss of Use (LOU):	S$ — ($ x days)	REQUEST 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.	—