15/5/2010

INS. CASE OWNER: MAVIS CHEW | CC 4/AIG1901 2974 / 4/163. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 17/7/19.   Date / Time : 18/7/19

Registered in Merimen: 19/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGW 19T	Claim No. :	11328151299G
Name of Insured :	CHUA KIM LIN	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/7/19.	Place of Accident :	
Is driver the owner?	(YES (circled) / NO)	Nature of Accident :	
If **NO**, Driver Name / Age :		OI GIA REPORT: YES (circled) / NO ; TP GIA REPORT: YES (circled) / NO	
Driver Tel No. :	(V/L: YES (circled) / NO)	Insured Liability : %	**Final ? Yes / No**

FBJ 9121Z → → →

INSRS: WSP: Erofia. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBJ9121Z - t SGW19T - t
14/08/19	- MUS REVIEWED. CONFLICTING VERSIONS. OI REPORTED TP CUT LANE. TP REPORTED HE WAS HIT BEHIND. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- EMAIL LIABILITY UNCLEAR
	- PIR IN. AGAINST OI
	- TOTAL LOSS
21/08/19	- UPLOADED LA IN MERIMEN
22/08/19	- AIG APPROVED MANDATE
	- SEND ACCEPTANCE EMAIL TO TP
29/08/19	- 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: 14/08/19 - VIC		
Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☑	☐
Authorisation To Act:	☑	☐
Release Voucher:	☑	☐
Final Repair Bill: NO INVOICE	☐	☐
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: TOTAL LOSS S$ 3,586.00 (days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 29/08/19	Confirm with NO LOE LOE	Email ☑ Call ☐
Final Liability:	% 100	(Agreed (circled) / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : PIR AGAINST OI
~~Repair Cost:~~ TOTAL LOSS	S$ 3,586.00		
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 320.00	$20 x 16 days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐	LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	**[Tick only one]**
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal (circled)/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 3,906.00	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,906.00	Name 1:	EROFIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—