15/5/2010

INS. CASE OWNER: BONNIE | CC4/AIG1901 3022, Khh. | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 24/7/19. Date / Time : 23/7/19

Registered in Merimen: 24/7/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 3187H. Claim No. : 1661457603459

Name of Insured : MR BOON HUAT. Policy No. : M00502678.

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

Excess Sec II :S$ D.O.A : 22/7/19. Place of Accident : JUNC OF SEMBAWANG DR & SEMBAWANG AVE

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : MR KOK LIAM KEVIN. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGU9644Y. → → →

INSRS: ~~CHUBB~~	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : ~~Hot~~	Liability :	Liability :	Liability :
RMKS: ADVANCE	RMKS:	RMKS:	RMKS:

Date/ Time	AUTO GARAGE	STAGE	DATE / PIC
	SGU9644Y ✗ SL 3187H ✗	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
30/07/19	- TLO REQUIRED. OID REAR-ENDED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUED.	Notification ltr (if non-pickup):	
	- EMAIL LIABILITY CHART	Call OI:	
		After call ltr to OI:	30/07/19 - VIC
	- TOTAL LOSS	**Documentation Check List:**	**Handler** / **Typist**
	- TP LOD IN BY EMAIL	Notification ltr (if non-pickup)	
16/08/19	- UPLOADED MANDATE LA IN CHERIMOYA	After call ltr to OI:	✓
	- TP CHANGED WORKSHOP	Authorisation To Act:	✓
14/10/19	- AIG APPROVED MANDATE	Release Voucher:	✓
15/10/19	- SENT 1ST OFFER TO TP	Final Repair Bill: NO INVOICE	
	- TP ACCEPTED OFFER.	Car Rental Invoice:	
	- ALL DOCS IN ORDER.	Towing Invoice	✓
	- TO CLOSE.	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: TOTAL LOSS S$ 3,600.00 (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 23/10/19 Confirm with XAVIER Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia : COID REAR-ENDED TP)
Repair Cost: TOTAL LOSS	S$ 3,600.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 840.00 ($60 x 14 days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 8.00		
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle	
Disbursement: TOWING	S$ 50.00 (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$ —	3) Survey fee:	$320.00
Total:	**S$ 4,498.00** **Global Sum S$:** —		

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

Payee 1:	S$ 4,498.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—