15/5/2010

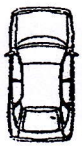
INS. CASE OWNER: TOO CHIT YAN | CC 6, AIG 190 12491, M hh3. | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 1/8/19 Date / Time: 4/8/19

Registered in Merimen: 1/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 9042J

Name of Insured : UM NEW YORK.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 31/7/19

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

Claim No. : 96094662525G

Policy No. : 180014317

Make / Model : KIA

Place of Accident : UPPER TOA PAYOH TRAFFIC JAM

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJF 7129S →

INSRS: WSP: PASTECH Tel : Liability : RMKS: 6346

INSRS: WSP: Tel : Liability : RMKS:

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Date/ Time	
	SJF7129S - T SMF 9042J - T
06/08/19	- FILE REVIEWED. OI REQUEST ENDORSE TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- FINALISED
	- ORIGINAL TP LOD IN
29/08/19	- UPLOAD MANDATE IN IN WORKFLOW
19/09/19	- AIG APPROVED MANDATE
20/09/19	- SEND ACCEPTANCE EMAIL TO TP.
	- 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:	06/08/19 - JC

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: W/O S$ 5,500.00 (5 days) Reduction: 81 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 20/09/19 Confirm with JASON Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost: (W/O GST)	S$ 5,885.00	If NO or B 28, Ass. Lia : COI (REMIT-ENDORSE TP)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 6,247.00	**Global Sum S$:** —

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 6,247.00	Name 1:	PASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—