

INS. CASE OWNER: LOH CHEE HENG

CC4/AIG19014303/Uha3

LKK:

IDAC:

ASSIGNMENT

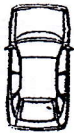
Surveyor: MARCUS

DOI: 16/08/2019

Date / Time : 16/08/2019

Registered in Merimen: 16/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 2236S

Claim No. : 8084555646SG

Name of Insured : SECK LING LING, MELISSA

Policy No. : 1900020109

Insured Tel No. : HP: +65-92785766

Make / Model :

Excess Sec II :\$ D.O.A : 09/06/2019 11:45

Place of Accident : CTE BEFORE BUKIT TIMAH EXIT

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

FBE 3642C

INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time		STAGE	DATE / PIC
	FBE 3642C - X	Non-Reporting ltr (1st):	
	SMJ 2236S - CC6/AIG19010141/Uhb3 ; DOA: 09/6/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
18/06/19	- JIMMY SPOKE TO OI. INFORMED OF TP CLAIM & NCD ISSUES.	Notification ltr (if non-pickup):	
	- VIDEO FOOTAGE UPLOADED IN SYSTEM	Call OI:	
		After call ltr to OI: 21/08/19 - VIC	
12/09/19	- AIG INTERVIEWED TO REQUEST TP CLAIM TO INSURER OF FENQIAT (MTC) UNDER BOLA 28(C).	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
22/10/19	- EMAIL TO TP TO INFORM THE CASE	Final Repair Bill:	
	- FILE IN. AGAINST OI	Car Rental Invoice:	
	- EMAIL TO AIG FOR INSTRUCTION	Towing Invoice	
	- AIG UPHOLD BOLA 28. REJECT CLAIM.	LTA / GIA :	
	- TP LOD IN. FINALIZED.	Medical Bill:	
09/08/2020	- TP WITHDRAW CLAIM. OWNER PAY CASH.	PIR: AGAINST OI	
	- EMAIL TO AIG TO CLOSE & EVENT WP REPORT	Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L9	S\$ 2,500.00 (4 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\$ -		COI COVERED TO TP)
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ - (\$ x 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\$ -		
Disbursement:	S\$ - (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
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:	-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$290.00

NO SETTLEMENT
WP REPORT AS FOR AIG