15/5/2010

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 :S$ 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:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBE 3642C - X
	SMJ 2236S - CC6/AIG19010141/Uhb3 ; DOA: 09/6/19
18/06/19	- SUMMY SPOKE TO OI. INFORMED OF TP CLAIM & NCD ISSUES.
	- VIDEO FOOTAGE UPLOADED IN WISEMEN
12/09/19	- AIG INSTRUCTED TO REDIRECT TP CLAIM TO INSURER OF FENGHUI (MTIC) UNDER BOLA 28(C).
	- EMAIL TO TP TO INFORM THE CHANGE
	- PIR IN. AGAINST OI
22/10/19	- EMAIL TO AIG FOR INSTRUCTION
	- AIG MAINTAIN BOLA 28. REDIRECT CLAIM.
	- TP LOD IN. FINAL FEED.
09/06/2020	- TP WITHDRAW CLAIM. OWNER PAY CASH.
	- EMAIL TO AIG TO CLOSE & SUBMIT WP REPORT

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:	21/08/19 - 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: 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: L/O S$ 2,300.00 (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 : COI COMBED TO TP)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	NO SETTLEMENT
Loss of Income (LOI):	S$ — ($ x days)	WP REPORT NO FOR AIG
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: $290.00
Total:	**S$** — **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:	—