15/5/2010

INS. CASE OWNER: SAUHA | CC 6 /AIG1901 5177 , K 463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 26/8/19. Date / Time : 26/8/19.

Registered in Merimen: 26/8/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 4305A Claim No. : 0238400407459

Name of Insured : Koh Shin Kai Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 23/8/19. Place of Accident :

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**

SLL 1429K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: OPTIMA WERKZ	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLL1429K - ✗ SLD4305A - ✗
	- NO OI GIA
	- TP VIDEO IN. V/UIC/SLL1429K
	- UPLOADED TO WORKMEN
05/09/19 @ 9:41AM	- OI CALLED IN. RECEIVED LETTER. ALREADY REPORTED GIA. INFORMED TP CLAIM AGREED TO SETTLE & ALREADY NCD BONUS. SEND EMAIL & LETTER TO OI.
	- EMAIL LIABILITY CLEAR
	- MINAUTHED
	- TP LOD IN BY EMAIL
20/09/19	- UPLOAD IA IN WORKMEN
25/09/19	- AIG APPROVED MANDATE.
25/09/19	- SEND JUST OFFER TO TP
	- TP ACCEPTED OFFER.
	- 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:	05/09/19 - 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:		
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: IBI S$ 440.00 (2 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/09/19 Confirm with ANGELA Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 470.80 (OI REJECTED)

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 180.00 ($60 x 3 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**

GIA/LTA Search S$ 2.00

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $320.00

Total: S$ 652.80 **Global Sum S$:** —

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

Payee 1:	S$ 652.80	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—