

15/5/2010

INS. CASE OWNER:

SAWA

CC 4/AIG1901 6820, 12 hb.

LKK:

IDAC:

Surveyor:

Indtch.

DOI:

ASSIGNMENT

m/a/c.

Date / Time:

23/11/19

Registered in Merimen:

24/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLQ 1508P

Claim No.:

618045386456

Name of Insured:

TAN KIAN HONG (TAN JIANHONG)

Policy No.:

17000228-02

Insured Tel No.:

HP:

Make / Model:

MSSAN

Excess Sec II :S\$

D.O.A.:

16/09/19

Place of Accident:

TRAFFIC JUNCTION OF UPP THOMSON RD & MARIAMMONT

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

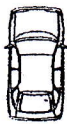
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGZ 6A91E



INSRS:

WSP:

Tel:

Liability:

RMKS:

VAG



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SGZ 6A91E - x	Non-Reporting ltr (1st):	
	SLQ 1508P - x	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
20/09/19	PIU REVIEWED. OI RATE-ENDED TP. SEND LETTER & BULK TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	Call OI:	
		After call ltr to OI:	20/09/19 - UK
17/10/19	GOING TO OI. AGREED TO SETTLE & AVOID NCD RISK.	Documentation Check List: Handler Typist	
9:58AM	BULK LIABILITY CLEAR	Notification ltr (if non-pickup)	
	TP LOD IN BY BULK	After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
28/11/19	UPLOADED IA IN MERIMEN	Car Rental Invoice:	
		Towing Invoice:	
30/12/19	AG APPROVED WANDPTE.	LTA / GIA:	
11/01/20	SEND ACCEPTANCE BULK TO TP	Medical Bill:	
16/01/20	BU M. ALL DONE IN ORDER. TO CLOSE.	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:	US \$ 2,700.00 (5 days) Reduction:	47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/01/20	Confirm with: JAWIN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia:
Repair Cost: (w/loss)	\$ 2,889.00		(OI RATE-ENDED TP)
Loss of Rental (LOR):	\$ (days)		
Loss of Use (LOU):	\$ 600.00 x 6 days		
Loss of Income (LOI):	\$ (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$ 7.15		
Medical:	\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$ -		3) Survey fee: \$320.00
Total:	\$ 3,496.15	Global Sum S\$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$ 3,496.15	Name 1:	VAG SINGAPORE PTE LTD
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-