15/5/2010

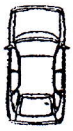
INS. CASE OWNER: SAMHA | CC 6/AIG1901 7264, 4663 | LKK: IDAC:

ASSIGNMENT

Surveyor: marine. DOI: Date / Time : 1/10/19

Registered in Merimen: 1/10/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 1391X | Claim No. : 9474621904GG

Name of Insured : TAN YONG HAK HARRY. | Policy No. : 18000474444-01

Insured Tel No. : HP: | Make / Model : NISSAN

Excess Sec II :S$ D.O.A : 9/9/19. | Place of Accident : LTE TMS LTD.

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

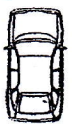
If NO, Driver Name / Age : TAN ZHI YONG JONATHAN. | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

FBK 1391H →

INSRS: BMH
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBK 1391H – 1 SLX 1391X – 1
08/10/19	– PIC REVIEWED. OID REPORTED HE SWERVED LEFT THEN BACK TO THE LANE WHEN HIT BY TP BEHIND. OID REPORTED GOT VIDEO FOOTAGE. – SEND LETTER & EMAIL TO OI. – EMAIL LIABILITY UNCLEAR – OI VIDEO UPLOADED IN WITNESS VNIC/SLX 1391X
11/10/19	– EMAIL TO AIG TO REBOOT CLAIM
24/10/19	– AIG REBOOTED TP CLAIM
25/10/19	– EMAIL TO TP TO REBOOT CLAIM.
06/11/19	– TO CLOSE.

Reject Case
By (e.g. VIC
Date : 06/11/19

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:	08/10/19-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: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	REBOOT CLAIM
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [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: $320.00
Total:	**S$** – **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:	–