15/5/2010

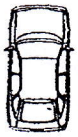
INS. CASE OWNER: Loh Chee Heng | CC6/AIG19017436/Aha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 02/10/2019 Date / Time : 02/10/2019

Registered in Merimen: 03/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 6214U Claim No. : 019067667096

Name of Insured : MS GAIL WOON SHIYI Policy No. :

Insured Tel No. : HP: +65-81812455 Make / Model : MAZDA 3-1.5 (A)

Excess Sec II :S$ D.O.A : 26/09/2019 09:30 Place of Accident : BLK 454 PASIR RIS DR 6 CARPARK

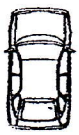
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

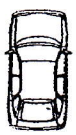
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKH 7852P → _____ → _____ → _____

INSRS:
WSP: SUCCESS
Tel : UNITED
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 6214U - X SKH 7852P - X	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:	

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:		

- OI VIDEO IN. V/U/C/SMG 6214U
- 13/11/19 - EMAIL TO AIG FOR REBOOTION.
- 14/11/19 - AIG AGREED TO REBOOT CLAIM
- EMAIL TO TP REBOOT CLAIM.
- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : [signature]
Date : 14-11-19

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/O S$ 3,800.00 (5 days) Reduction: 69 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : 2A	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		TP MOVING OUT FROM C/P LOT
Loss of Rental (LOR):	S$ —	(days)	OI VIDEO IN
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	NO ACKNOWLEDGE/ REBOOT
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: $320.00
Total:	**S$**	**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: —	