

Express (due on 16/12/19)

To Close within 3 WDS

Sent: 12/12/19

15/5/2010

INS. CASE OWNER:

BENNIE

CC 3 /AIG1901 7754, R166

Surveyor:

RAGUL

DOI:

ASSIGNMENT
09/10/19

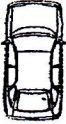
Date / Time:

8/10/19

Registered in Merimen:

8/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SVU 9909K

Name of Insured:

LEO YING

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

8/10/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

7769898856

Policy No.:

1700075440

Make / Model:

VOLVO

Place of Accident:

700 AMK CENTRAL MSCP

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

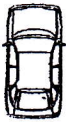
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SG 881B



INSRS:

WSP:

Tel:

Liability:

RMKS:

VOLKSWAGEN



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	SG 881B - x	Non-Reporting ltr (1st):	
	SVU 9909K - x	Non-Reporting ltr (2nd):	
	TP VIDEO IN. V/VIC/SG 881B	Non-Reporting ltr (Final):	
	UPLOADED IN MERIMEN	Notification ltr (if non-pickup):	
		Call OI:	
10/10/19	PIC REVIEWED. OI REVIEWED & HIT STATIONARY TP. SEND LETTER TO OI TO NOTIFY TP CLAIM & NO LOSS.	After call ltr to OI:	10/10/19 - VIC
	EMAIL LIABILITY CLEAR	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
20/11/19	TP LOB IN BY EMAIL	Car Rental Invoice:	☒
	UPLOADED IA IN MERIMEN	Towing Invoice	☐
11/12/19	AIG APPROVED WARRANT.	LTA / GIA:	☒
		Medical Bill:	☐
12/12/19	SEND ACCEPTANCE EMAIL TO TP	PIR:	☐
	ALL TOCS IN ORDER.	Mandate/Reject Instruction:	☒
	TO CLOSE.	LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

3,684.79

(3

days) Reduction:

17

%

FINAL SETTLEMENT

Date/Time:

12/12/19

Confirm with:

CHAKRINE

Confirm by:

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

(OI REVIEWED)

Repair Cost: (w/loss)

S\$

3,942.19

Loss of Rental (LOR):

S\$

300.00

(3

days) x

120.00

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\$

2.00

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

4320.00

Total:

S\$

4,304.19

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

4,304.19

Name 1:

VOLKSWAGEN CENTRE SINGAPORE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-