Express (due on 16/12/19)
To Close within **3 WDs**
Sent : 12/12/19

15/5/2010

INS. CASE OWNER: BONNIE | CC 3 /AIG1901 7754 / RHB

ASSIGNMENT

Surveyor: RAGUL DOI: 09/10/19 Date / Time : 8/10/19

Registered in Merimen: 8/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJV 9909K Claim No. : 736981981456

Name of Insured : LEO YING Policy No. : 1700075440.

Insured Tel No. : HP: Make / Model : VOLVO

Excess Sec II :S$ D.O.A : 7/10/19. Place of Accident : 700 AMK CENTRAL MSCP

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**

SLG 881B → → →

INSRS: WSP: VOLKSWAGEN Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLG8818 - T SJV9909K - T
	- TP VIDEO IN. V/VIC/SLG8818
	- UPLOADED IN MERIMEN
10/10/19	- FILE REVIEWED. OI REGISTERED W HIT STATIONARY TP. SEND LETTER TO OI TO NOTIFY TP CLAIM W NCD ISSUE.
	- EMAIL LIABILITY CLEAR
	- FINALIZED
	- TP LOD IN BY EMAIL
28/11/19	- UPLOADED IA IN MERIMEN
11/12/19	- AIG APPROVED MANDATE.
12/12/19	- SEND ACCEPTANCE EMAIL TO TP
	- 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:	10/10/19 - 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: P/B S$ 3,684.29 (3 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/12/19 Confirm with CHECKLIST Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,942.19	(OI REGISTERED)
Loss of Rental (LOR):	S$ 360.00 (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: $320.00
Total:	S$ 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:	—