15/5/2010

INS. CASE OWNER: BONNIE | CC 6 /AIG1901 7826 , AHB7 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 8/10/19. Date / Time : 8/10/19.

Registered in Merimen: 9/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMC 8351P. Claim No. : 6467037116559

Name of Insured : DAIMLER FLEET MANAGEMENT PTE Policy No. : AAAAA1580

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

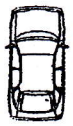
Excess Sec II :S$ D.O.A : 7/10/19. Place of Accident : BRADDELL RD

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

If NO, Driver Name / Age : DAWA CAMPOS DE PARIA FERNANDO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJU 1081E → → →



INSRS:
WSP: MG SOMTION.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJU1081E-X SMC 8351P-X
	- BOTH CLAIMING EACH OTHER
14/10/19	- PLUS REQUIRED. OID REPORTED HE WAS HIT BEHIND BY TP. TP REPORTED OID STOP FOR NO REASON.
	- EMAIL TO TP TO INFORM LIABILITY UNCLEAR
06/12/19	- AIG UPLOADED TP VIDEO IN WEBPLUS
	- AIG INSTRUCTED TO PDBY TP CLAIM
	- EMAIL TO TP TO PDBY CLAIM.
11/12/19	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : [illegible]
Date : 04-11-19

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:	

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: LG. S$ 22,000.00 (18 days) Reduction: 50 % Email ☐ Call ☐

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

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COI HIT BEHIND BY TP)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	REJECTED CLAIM
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:	—