15/5/2010

INS. CASE OWNER: ~~LEE~~ MING YAO | CC 4 AIG /##1901 8438 / UWW? | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 22/10/19 Date / Time : 18/10/19.

Registered in Merimen: 18/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLK 2464G.	Claim No. :	6260347668SG
Name of Insured :	ANG KIM NEO.	Policy No. :	7100497705-0201
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 12/10/19	Place of Accident :	Eunos Link.

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**

GBJ 1311U → ____ → ____ → ____

INSRS: WSP: think Tel : Liability : One. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBJ1311U } SLK2464G } NA/(4)19 (10/1?)/R, DOA: 12/10/19
25/10/19 @ 2:35PM	- SPOKE TO OI. CONFIRMED DOA ON 12/10 (SAT). OI SAID SHE SLIGHTLY REAR-ENDED TP. INFORMED HER OF TP CLAIM. OI SAID, TP NO DAMAGES. OI GOT PHOTOS OF TP.
	- FINALIZED
	- TP LOD IN BY EMAIL
15/11/19	- UPLOAD LA IN MERIMEN
02/03/2020	- AIG APPROVED MANDATE
	- SEND 1ST OFFER TO TP
	- TP ACCEPTED OFFER.
	- 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:	25/10/19 - VK

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: L/S S$ 2,700.00 (3 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/03/20 Confirm with MICHAEL Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COI REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 2,889.00	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 300.00 ($ 100 x 3 days)	AIG WILL INFORM OI WORKSHOP TO AMEND DOA
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐	LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 2.00	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —	2) Report Format:
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: $320.00
Legal Cost	S$ —	
Total:	S$ 3,191.00 **Global Sum S$:** —	

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

Payee 1:	S$ 3,191.00	Name 1:	THINK ONE AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—