15/5/2010

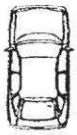
INS. CASE OWNER: CHAN KIAN MENG | CC4/AIG19018828/Eea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 23/10/2019 Date / Time : 23/10/2019

Registered in Merimen: 23/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 3678G Claim No. : 0337239383SG

Name of Insured : ALLSWELL MOTOR TRADERS Policy No. : 0999994368

Insured Tel No. : HP: Make / Model :

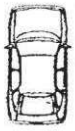
Excess Sec II :S$ D.O.A : 12.10.19 23:10 Place of Accident : SHEARES ROAD

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

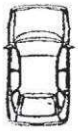
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

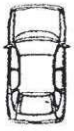
SLF 2984Z → → →



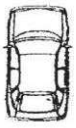
INSRS:
WSP: LCRF PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLF 2984Z - CC4/ASM19001482/R1wa3q2; DOA: 19.01.19
	- CS/CTI18002671/T1rd3n2; DOA: 07.02.18
	SLX 3678G - X
04.11.19	OINR. To send out first letter. File pass to Su.
	***AIG REPUDIATED TP CLAIM

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: CTY

Repair Cost: L/S S$ 1,600.00 (3 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10.08.21 Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
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: TP
Legal Cost	S$	3) Survey fee: $320
Total:	**S$** **Global Sum S$:**	4) RA FEE : $2.54 x 2

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:	