

INS. CASE OWNER: **NORSIAH**

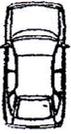
**CC6/AIG19021197/Uha3**

LKK:  
IDAC:

**ASSIGNMENT**

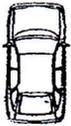
Surveyor: **MARCUS** DOI: **02.12.19** Date / Time: **02.12.19**  
Registered in Merimen: **02.12.19**

**Pre-assign / CCU / FTE**

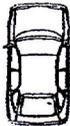


Insured Vehicle No. : **PC 6454D** Claim No. : **7570323260SG**  
Name of Insured : **GOLDBELL CAR RENTAL PTE LTD** Policy No. : **999994313**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **TOYOTA HIACE**  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **30/11/2019** Place of Accident : **ALONG MERCHANT ROAD**  
Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_  
If **NO**, Driver Name / Age : **MIA MD MANIK** OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO  
Driver Tel No. : **+65-98997753** (V/L: **YES** / NO) Insured Liability : % **Final ? Yes / No**

**PC 8232P**



INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
	PC 8232P - CC4/ASM18021229/Aja3q2; DOA: 21.11.18 PC 6454D - X	
<b>16/12/19</b>	- FILE REVISED. O/D REAR-ENDED TP. - LETTER SENT OUT - FINANCED - ORIGINAL TP LOD IN	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: <b>YASHER 16.12.19</b> After call ltr to OI: <b>Documentation Check List:</b> Handler Typist
<b>17/01/2020</b>	- TYPE REPORT FOR MANDATE APPROVAL - REPORT DONE	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>01/02/2020</b>	- SEEK MANDATE APPROVAL TO AIG	Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
<b>10/03/2020</b>	- AIG APPROVED MANDATE	Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>11/03/2020</b>	- SEND 1st OFFER TO TP - TP ACCEPTED OFFER. - ALL DONE IN ORDER. - TO CLOSE.	Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/> LOD: <input checked="" type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____	Repair Cost: <b>16</b> S\$ <b>14,200.00</b> ( <b>6</b> days) Reduction: <b>55</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>11/03/2020</b> Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>31</b> If NO or B 28, Ass. Lia : Repair Cost: <b>(w/GRD)</b> S\$ <b>15,194.00</b> <b>O/D REAR ENDED TP</b>
Loss of Rental (LOR): S\$ - ( _____ days)	Loss of Use (LOU): S\$ <b>1,080.00</b> x <b>6</b> days
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)	LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ <b>7.45</b>	Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/Independent)	1) Claim status: <b>Normal</b> / Reject/Private Settle
Legal Cost S\$ -	2) Report Format: _____ 3) Survey fee: <b>\$320.00</b>
<b>Total:</b> S\$ <b>16,281.45</b> Global Sum S\$: <b>16,280.00</b>	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	Payee 1: S\$ <b>16,280.00</b> Name 1: <b>FASTECH AUTO PTE LTD</b>
Payee 2: (Strike if N.A.) S\$ - Name 2: _____	Payee 3: (Strike if N.A.) S\$ - Name 3: _____