15/5/2010

INS. CASE OWNER: ~~LEE~~ MING YAO | CC 4 /AIG190 21895, K 6a3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 11/11/19

Date / Time : 11/11/19

Registered in Merimen: 11/11/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 136YR.

Name of Insured : QUEK SONG ANG

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 5/11/19.

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : GAN SIONG LENG

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 9A2493638906G

Policy No. : 1700090201

Make / Model : MERCEDES.

Place of Accident : CANTONMENT RD 2ML

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLL 8641S →

INSRS: WSP: Accord Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLL8641S-A SLV136YR-A
	- OI VIDEO IN. UPLOADED IN MERIMEN BY AIG
	- KENNETH RECO WRITE OFF @ NETT VALUE $17K. TP PROPOSED $25K.
16/01/2020	- EMAIL TO AIG FOR INSTRUCTION
	- TOTAL LOSS
	- SEND LETTER TO OI.
	- AIG MAINTAIN NETT VALUE OF $17K.
17/01/2020	- EMAIL TO TP TO INFORM MAINTAIN
11/06/2020	submit WP report to AIG.

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:	16/01/2020 - V/C

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: 14,500.00 Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: 45 S$ ~~14,500~~ (16 days) Reduction: 30.89 %

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5		If NO or B 28, Ass. Lia : (COLD TURNING)
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 + LO ☐ [Tick only one]	
GIA/LTA Search	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Medical:	S$		2) Report Format: —
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee: $ 290.00
Legal Cost	S$		
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:	

COPY SENT 11/6/2020