1/5/2010

INS. CASE OWNER: Lee, Ming-Yao | CC6/AIG19022530/H~~i~~a3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: LEE HOCK ANN | DOI: 20/12/2019 | Date / Time : 20/12/2019

Pre-assign / CCU / FTE | Registered in Merimen: 23/12/2019

Insured Vehicle No. : SKE 5605R | Claim No. : 5522099905SG

Name of Insured : ONG MENG YI | Policy No. : 2100293125

Insured Tel No. : | HP: +65-96934038 | Make / Model : NISSAN SYLPHY-1.5 (A)

Excess Sec II :S$ | D.O.A : 17/12/2019 07:50 | Place of Accident : UPPER CHANGI ROAD TOWARDS BEDOK

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

SJV 1502C →

INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJV 1502C - X SKE 5605R - X
	- OI VIDEO UPLOADED BY AIG IN MERIMEN
30/01/2020	- FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- FINALIZED
28/07/2020.	SETTLED & closed.

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:	30/01/2020 - VIC

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: Nil | S$ 7,000.00 (9 days) Reduction: 55 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/07/2020 Confirm with NICOLE | 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:	S$ 7,000.00	
Loss of Rental (LOR):	S$ 1,100.00 (11 days) X $100.00	
Loss of Use (LOU):	S$ ($ 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: $ 320.00
Total:	**S$ 8,100.00** **Global Sum S$:** –	

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

Payee 1:	S$ 8,100.00	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–