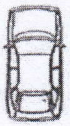
15/5/2018

INS. CASE OWNER: Bennie Tan | CC3/AIG20000861/Kka3 (9) | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 13/01/2020 Date / Time: 13/01/2020
Registered in Merimen: 14/01/2020

Pre-assign / CCU / FTE

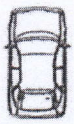


Insured Vehicle No. : SLR 5759A
Name of Insured : POPULAR RENT A CAR PTE LTD
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 05/01/2020 18:35
Is driver the owner? (YES / NO)
If NO, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

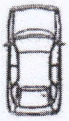
Claim No. : 4706334906SG
Policy No. : 0999994047
Make / Model :
Place of Accident : SOUTH BRIDGE ROAD
Nature of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SHD 5426G → → →

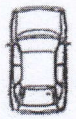
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 5426G - CC3/AIG13001690/Kpb3w2; DOA: 23/01/13
	SLR 5759A - X
	OINR. To send out first letter. File pass to Su Li.
	Reject Case By (staff) : cecilia Approved by : [illegible] Date : 14/12/20
14/12/2020	TP PIR STATED THAT ANOTHER VEHICLE (UNKNOWN) WAS CHARGED OF CARELESS DRIVING BUT NOT OI. AIG INSTRUCT TO REJECT TP CLAIM. MR YEW TO CHOP + SIGN

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:
Repair Cost: P/P S$ 60 (0.5 days) Reduction: 29,971.18 % 100 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(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: REJECT
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$**	**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:	