15/5/2010

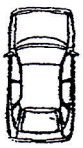
INS. CASE OWNER: BERNARD | CC 4 / AIG 2000 1747 / U hs3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 4/2/2020 Date / Time: 30/1/2020

Registered in Merimen: 3/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDT 9996P Claim No. : 9791886A3806

Name of Insured : Yeo Hwee Kiam Policy No. :

Insured Tel No. : HP: Make / Model :

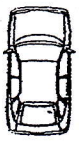
Excess Sec II :S$ D.O.A : 29/1/2020 Place of Accident :

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**

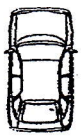
SMG1131H → → →



INSRS:
WSP: Profi Automotive
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMG1131H : X ; SDT9996P : X
	- MINAUTOD
10/2 9am	spoke to OI. OI hit TP from behind. Informed claims and aware NCD affected. letter sent to OI.
	- TP LOD IN BY EMAIL
17/02/2020	- UPLOADED MANDATE IA IN OC.
10/03/2020	- AIG APPROVED MANDATE.
	- SENT 1ST OFFER TO TP
	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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:	10/2 JC.

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: 46 S$ 1,900.00 (4 days) Reduction: 78 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/03/2020 Confirm with EDWARD Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,900.00	COI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 400.00 (4 days) x $100	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 36.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 2,356.45 **Global Sum S$:** —	

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

Payee 1:	S$ 2,356.45	Name 1:	PROFI AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—