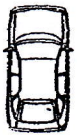
15/5/2010

INS. CASE OWNER: BENNIE | CC3 / AIG 20003961 / Tlha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tanthth DOI: 12/3/2020 Date / Time: 12/3/2020
Registered in Merimen: 13/3/2020

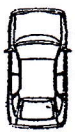
Pre-assign / CCU / FTE



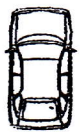
Insured Vehicle No. : SDH 8381H
Name of Insured : Tan Too Kiang Edward
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 7/3/2020
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. : 90A6622840SG
Policy No. :
Make / Model :
Place of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

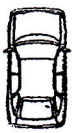
SMJ 1452K → ____ → ____ → ____



INSRS:
WSP: Volkswagen centre
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDH 8381H - X
	SMJ 1452K - X
16/3/2020	OINR - file pass to Anti to send letter
	- RECEIVED OI & TP VIDEOS. UPLOADED IN MERIMEN.
23/06/2020	- OI CALLED IN. RECEIVED LETTER. OI DID NOT GO REPORT YET. WILL DO REPORT ONLINE. OI SAID BOTH VEHICLES CHANGED LANE.
	- TP WITHDRAW TP CLAIM, CONVERT TO OD RECOVERY
	- EMAIL TO AIG TO SUBMIT WP REPORT

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: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	NO SETTLEMENT WP REPORT / TP CONVERT TO OD CLAIM
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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $290.00
Total:	**S$** — **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:	—