

INS. CASE OWNER:

Chan Kian Meng

CC3/AIG20004627/ Eba3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 29/03/2020

Registered in Merimen: 29/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 6388A

Claim No. : 4097649041SG

Name of Insured : YEO GUEK HONG JANET

Policy No. : 2070010760

Insured Tel No. : HP: D.O.A : 27/03/2020 12:50

Make / Model : TOYOTA HARRIER-2.0 (A)

Excess Sec II : S\$

Place of Accident : UPPER SERANGOON RD TOWARD PIE

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

SMR 3522S

INSRS:  
WSP: PREMIUM  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time | SMR 3522S - X                         | SGP 6388A - X | STAGE                             | DATE / PIC                          |
|------------|---------------------------------------|---------------|-----------------------------------|-------------------------------------|
| 31/03/2020 | - OI VIDEO UPLOADED BY AIG IN MERIMEN |               | Non-Reporting ltr (1st):          |                                     |
| 18/6/20    | - FINAL LIABILITY CLARIFIED           |               | Non-Reporting ltr (2nd):          |                                     |
|            | - FILE REVIEWED. OI CHANGED LINE      |               | Non-Reporting ltr (Final):        |                                     |
|            | pndy LOD                              |               | Notification ltr (if non-pickup): |                                     |
|            |                                       |               | Call OI:                          |                                     |
|            |                                       |               | After call ltr to OI:             |                                     |
|            |                                       |               | Documentation Check List:         | Handler Typist                      |
|            |                                       |               | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            |                                       |               | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            |                                       |               | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |                                       |               | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            |                                       |               | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |                                       |               | Car Rental Invoice:               | <input type="checkbox"/>            |
|            |                                       |               | Towing Invoice                    | <input type="checkbox"/>            |
| 03/11/2020 | settled & closed (all docs in VIEWS)  |               | LTA / GIA:                        | <input checked="" type="checkbox"/> |
|            |                                       |               | Medical Bill:                     | <input type="checkbox"/>            |
|            |                                       |               | PIR:                              | <input type="checkbox"/>            |
|            |                                       |               | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|            |                                       |               | LOD                               | <input checked="" type="checkbox"/> |
|            |                                       |               | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            |                                       |               | Post-Repair Photos:               | <input type="checkbox"/>            |
|            |                                       |               | Others:                           | <input type="checkbox"/>            |

|                                   |                                              |                                    |                                                    |                             |                                                                         |                                                              |
|-----------------------------------|----------------------------------------------|------------------------------------|----------------------------------------------------|-----------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>PRELIMINARY ADVICE</b>         |                                              | Date/Time:                         | Sent By:                                           |                             | Confirm by:                                                             |                                                              |
| <b>FINALIZATION</b>               |                                              | Date/Time:                         | Confirm with:                                      |                             | Confirm by:                                                             |                                                              |
| Repair Cost:                      | P/P                                          | S\$ 10,934.36                      | ( 7 days)                                          | Reduction:                  | 49.36 %                                                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           |                                              | Date/Time:                         | Confirm with:                                      |                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Final Liability:                  | %                                            | 100                                | (Agreed / Assessed) BOLA S/N No. :                 |                             | 15                                                                      |                                                              |
| Repair Cost: (w/sgt)              | S\$                                          | 11,705.12                          | COI CHANGED LINE                                   |                             |                                                                         |                                                              |
| Loss of Rental (LOR):             | S\$                                          | -                                  | ( days)                                            |                             |                                                                         |                                                              |
| Loss of Use (LOU):                | S\$                                          | 480.00                             | (\$ 60 x 8 days)                                   |                             |                                                                         |                                                              |
| Loss of Income (LOI):             | S\$                                          | -                                  | (\$ x days)                                        |                             |                                                                         |                                                              |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [Tick only one] |                             |                                                                         |                                                              |
| GIA/LTA Search                    | S\$                                          | 2.00                               |                                                    |                             |                                                                         |                                                              |
| Medical:                          | S\$                                          | -                                  |                                                    |                             |                                                                         |                                                              |
| Disbursement:                     | S\$                                          | -                                  | (e.g. Tow/ Independent )                           |                             |                                                                         |                                                              |
| Legal Cost                        | S\$                                          | -                                  |                                                    |                             |                                                                         |                                                              |
| <b>Total:</b>                     | S\$                                          | 12,187.12                          | <b>Global Sum S\$:</b>                             |                             | -                                                                       |                                                              |
| <b>FINAL PAYMENT</b>              |                                              | Date/Time:                         | Confirm with:                                      |                             | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                              |
| Payee 1:                          | S\$                                          | 12,187.12                          | Name 1:                                            | PREMIUM AUTOMOBILES PTE LTD |                                                                         |                                                              |
| Payee 2: (Strike if N.A.)         | S\$                                          | -                                  | Name 2:                                            | -                           |                                                                         |                                                              |
| Payee 3: (Strike if N.A.)         | S\$                                          | -                                  | Name 3:                                            | -                           |                                                                         |                                                              |

1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$ 320.00