15/5/2020

INS. CASE OWNER: CC4 /AIG 2000 5803 / Fds3

LKK:

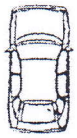
IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 19/05/2020 Date / Time : 19/05/2020

Registered in Merimen: 19/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 2102S

Name of Insured : WANG CHER YAN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 17/05/2020

Is driver the owner? (YES (NO))

If NO, Driver Name / Age :

Driver Tel No. : (V/L (YES) NO)

Claim No. :

Policy No. :

Make / Model :

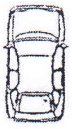
Place of Accident :

Nature of Accident :

OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

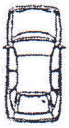
Insured Liability : % Final ? Yes / No

SHD 3362U →



INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 3362U : CC6/III20004674/Uga3q2 ; DOA : 29/03/2020	Non-Reporting ltr (1st):	
	SMA 2102S : X	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:	

Reject Case
By (staff): Ashv
Approved by : 21/05/22
Date : 4pm

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: RAM
Repair Cost: L/S	S$ 2,000.00 (2 days)	Reduction: 31 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21.06.22	Confirm with AILEEN	Email ☐ Call ☐
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : TP GRAZED OI STATIONARY VEHICLE
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: TP/WP
Legal Cost	S$		3) Survey fee: $320
Total:	S$	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:	