15/5/2010

INS. CASE OWNER: Ahmad / Syaza. | CC3 / AIG150 1909r / Khg3. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth Kong DOI: 9/11/15. Date / Time : 9/11/15

Registered in Merimen: 11/11/15

Pre-assign / CCU / FTE

PB1.

Insured Vehicle No. : SJP 7759 X — Claim No. : 28602140814816.

Name of Insured : Kalaichelvan Balaya — Policy No. : 2100296338

Insured Tel No. : — HP: 92345605 — Make / Model : Honda Stream

Excess Sec II :S$ — D.O.A : 9/11/15 — Place of Accident : Serangoon Road.

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**

SHD 9436B → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-cab.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
16/11 VIC	SHD 9436B - CC3/111 1501434/Khg3n2 DOA 9/11/15 SJP 7759X - X
	- TO GET EVIDENCE FROM BOTH PARTIES.
23/11/15 @ 11AM	- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS AND TP CUT INTO HIS LANE FROM BUS LANE. INFORMED TP CLAIM. OI HAS NO EVIDENCE TO PROVIDE. INFORMED HIM OF WORST CASE, HE AGREED TO SETTLE @ ABOVE NCD BASIS.
	- PENDING ESTIMATE
	- FINALISED
	- FOR BULK SETTLEMENT.
	- TP CCTV FOOTAGE IN. V PRINT / VIC / SHD 9436B
07/03/16	- TP INACTIVITY. NO LOD TILL DATE. TOTAL ON 5/3/16. EMAIL AIG TO TEMP. CLOSE.
	- TO CLOSE & SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	Reh 23/11
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	23/11/15 - VIC
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: L/S S$ 1,600.00 (2 days) Reduction: 86 % Email ☐ Call ☐

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

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ – (CONFLICTING VERSIONS)	
Loss of Rental (LOR):	S$ – (days)	"TP INACTIVITY - WP REPORT"
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: $320.00
Total:	**S$** – **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:	–