15/5/2010

INS. CASE OWNER:

CC 6/AIG150 17555 / MIha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: MEF DOI: 15-10-15 Date / Time: 15-10-15

Registered in Merimen: 16-10-15

Pre-assign / CCU / FTE

Insured Vehicle No. : SGW 3161U Claim No. : 570565124959

Name of Insured : Lee Liat Guan Policy No. :

Insured Tel No. : HP: 97542671 Make / Model :

Excess Sec II :S$ D.O.A : 13-10-15 Place of Accident : Along Buona Vista Drive

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

SGN 8073E → → →

INSRS:
WSP: Supreme Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGN 8073E - X
	SGW 3161U - CC3/AIG/107233/HI5g2y
20/10/15	- NO OI GIA, First sent out.
25/7/16 @ 12.11pm	CALLED OI MDM LEE @ 97542671 & 68100848 2x. NO ANSWER.
28/7/16 11.02AM	CALLED OI. BOTH NUMBER NOT AVAILABLE.
16/08/16 @ 2.09pm	CALLED OI MR LEE @ 97542671. NO ANSWER.
17/08/16 @ 11.12AM	CALLED OI 2x. NO ANSWER.
18/08/16 9.08AM	CALLED OI NO RESPONSE.
18-08-16	TO SEND LETTER TO O/I
30/08/16	- NO FEEDBACK FROM OI. EMAIL LIABILITY CLEAR.
	- PENDING COR FINALISATION.
04-04-17	TO EXPEDITE SETTLEMENT WHICH IS NOT MUCH.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	20/11/15
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	18/08/16 - EMAIL
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: (EMAIL)	✓	☐
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:

26-07-17 TO CLOSE THE FILE. ✓

FINALIZATION Date/Time: Confirm with: Confirm by:

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

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

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27 ✓	If NO or B 28, Ass. Lia :
Repair Cost:	S$ -		(OI REAR-ENDED TP) ✓
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ -	($ x days)	"TP INADVERTENCY"
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: $250.00
Total:	S$ -	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: