

15/5/2010

INS. CASE OWNER: Bernard

CC6 /AIG1800 1974, U h63

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

31/1/18

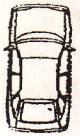
Date / Time :

21/1/18

Registered in Merimen:

31/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEA 8399L

Claim No. :

62244922354

Name of Insured :

Shaila Kwook Wan Yee

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

17/1/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

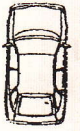
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLS 7527J



INSRS:

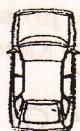
WSP:

Tel :

Liability :

RMKS:

persons



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
6/2/18	no oi ltr. sent out 1st letter	Non-Reporting ltr (1st):	
	FINALISED.	Non-Reporting ltr (2nd):	
07/02/18 @ 5:30PM	w/ ASHLE. spoke to OI. OI confirmed accident details. ONLY SMALL TOUCH, NO DAMAGE TO TP VEHICLE. OI WILL DO REPORT SOON.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
23/04/18	NO OI GIA REPORT IN YET.	Documentation Check List:	Handler Typist
	OI GIA REPORT IN.	Notification ltr (if non-pickup)	☐
	OI REPORTED NO ACCIDENT.	After call ltr to OI:	☐
23/04/18	TP LOB IN BY EMAIL.	Authorisation To Act:	☒
	EMAIL LIABILITY UNCLER.	Release Voucher:	☐
23/04/18	TP VIDEO IN. ✓ DRIVE VIC/SLS7527J	Final Repair Bill:	☒
03/05/18	FORWARDED TP VIDEO TO AIG OIG	Car Rental Invoice:	☒
	TO CALL OI.	Towing Invoice:	☐
14/06/19	SUBMIT WP REPORT PLUS HIM REPORT	LTA / GIA :	☒
	NO SETTLEMENT	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time: 1/2/2018	Sent By: LSP
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	\$S 901.50	(2 days) Reduction: 67 %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 —	
Disbursement:	\$S —	(e.g. Tow/ Independent)
Legal Cost	\$S —	
Total:	\$S	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S —	Name 1: —
Payee 2: (Strike if N.A.)	\$S —	Name 2: —
Payee 3: (Strike if N.A.)	\$S —	Name 3: —



16/4/2019