

15/5/2010

INS. CASE OWNER:

CHIEF HONG

CC 6/AIG1801

0070, A1113

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

1/6/18

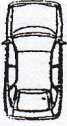
Date / Time:

1/6/18

Registered in Merimen:

4/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLU 384P

Name of Insured:

WHITEHOUSE TAME

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

15/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

DANINDER KARR 6116

Driver Tel No.:

(V/L YES / NO)

Claim No.:

48418458236

Policy No.:

1300039401

Make / Model:

MYTENDISHI

Place of Accident:

Sims bn

OI GIA REPORT: YES / NO

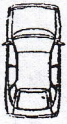
YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SYS 9881X

INSRS:
WSP:
Tel:
Liability:
RMKS:Fangy.
CARINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

6/6/18

VIC

06/06/18

SYS 9881X -4

SUM 384P -X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

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:

07-06-18 BOTH PARTIES SHOULD EXERCISE DUE CARE WHEN TURNING INTO MAIN ROAD.

- PINKU 280.

- OI VIDEO UPLOADED IN MTRIMON.

- BULK TO MG TO RESORT CLAIM.

- OI REPORT IN MAIN ROAD

04/09/18

04/10/18
23/10/18

- AIG APPROVED TO RESORT CLAIM

- BULK TO TP TO RESORT CLAIM.

- TO CLOSE.

Reject Case

By (staff) : VIC

Approved by : [Signature]

Sent By : 23-10-18

PRELIMINARY ADVICE Date/Time:

Send By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

HG

S\$

2900.00

(5

days)

Reduction: 21

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

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 + LO

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

420.00

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:
