

15/5/2010

INS. CASE OWNER:

EXTENDED

CC 6 /AIG1801

2638, 46634

LKK:

IDAC:

Surveyor:

Matthews

DOI:

ASSIGNMENT

11/7/18

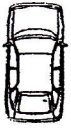
Date / Time:

11/8/18

Registered in Merimen:

11/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SL5 1847A

Claim No.:

85A129007556

Name of Insured:

YIN PEMHWEI

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

10/8/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

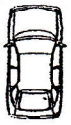
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SEL 92773

INSRS:
WSP:
Tel:
Liability:
RMKS:Kim
ChweeINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

92773-4

SL51847A-X

STAGE

DATE / PIC

12/7/18

✓

NO OI GIA, SENT OUT 1ST LETTER.

OI GIA REPORT IN.

FINALISED.

ORIGINAL TP LOD IN.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

01/08/18-JC

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:

01/08/18
SPM

CALL OI. NO RESPONSE. MTR REVIEWED.

OI INVOLVED IN 4 VEH. C.C.; OI LOST.

SEND LETTER TO BUREAU TO OI.

TYPE REPORT FOR WARRANT

REPORT DONE

12/10/18

02/11/18

SEEK WARRANT APPROVAL TO AIG BY

BUREAU/ADMINISTRATIVE.

AIG APPROVED WARRANT.

SEND 1ST OFFER TO TP.

TP ACCEPTED OFFER.

ALL DONE IN ORDER. TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

49

\$S 8,000.00

(8

days) Reduction:

75

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28. Ass. Lia:

100%

Repair Cost:

(w/loss)

\$S 8,560.00

(4 VEH. C.C.; OI LOST)

Loss of Rental (LOR):

\$S

()

days)

Loss of Use (LOU):

\$S

910.00

(\$ 110

x 9

days)

Loss of Income (LOI):

\$S

()

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

2.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

\$S

9,552.00

Global Sum \$S:

9,550.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

\$S

9,550.00

Name 1:

KIM CHWEE AUTO PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-