

15/5/2010

INS. CASE OWNER:

POO CHAT YAN

CC 6 /AIG1801

8058,

h63

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

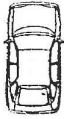
Date / Time:

4/10/18

Registered in Merimen:

4/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDY 2075

Name of Insured:

NG BOON MEH

Insured Tel No.:

HP: 9847009

Excess Sec II :SS

D.O.A: NO 1/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

60405710269

Policy No.:

70048670201

Make / Model:

NISSAN

Place of Accident:

NO LINK ENTERING MERIMEN IMMEDIATELY TO SG.

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



INSRS:

WSP:

Tel:

Liability:

RMKS:

CNY CONTINUES.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
9/10/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
10/10/18	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:	
10/10/18	FILE REVIEWED. TP CHANGED CASE.	
	OI WITHIN CASE.	
	EMAIL LIABILITY UNCLER.	
	EMAIL AIG FOR REGISTRATION.	
10/10/18	OI VIDEO FOOTAGE IN. V PRIME VIC	
	SDY 2075.	
	UPLOADED IN MERIMEN.	
10/10/18	OI WORKSHOP CONFIRMED OI	
	WITHDRAWN CLAIM AGAINST TP.	
	NO SURETY.	
	CANCEL CASE	
22-11-18	TO CANCEL FILE, NO SURVEY DONE.	
PRELIMINARY ADVICE		
Date/Time:	Sent By:	Confirm by:
FINALIZATION		
Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS (days) Reduction: %	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:	SS	
Loss of Rental (LOR):	SS (days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/ Independent)	
Legal Cost	SS	
Total:	SS Global Sum SS:	
FINAL PAYMENT		
Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

TP CHANGED CASE
CANCEL CASE
NO SURETY