

INS. CASE OWNER:

JIMMY POO

CC3 / AIG 180 18060 / Gha3

LKK:

IDAC:

Surveyor:

XHQ

DOI:

ASSIGNMENT

3-10-18

Date / Time:

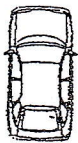
3-10-18

Registered in Merimen:

4-10-18

Pre-assign / CCU / FTE

SLH 5732D



Insured Vehicle No.:

Claim No.:

513 111432796

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

1-10-18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

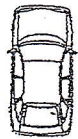
(V/L YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHD 9796 L



INSRS:

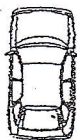
WSP:

Tel:

Liability:

RMKS:

Trans-Car



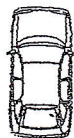
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

18/10

W

SHD 9796 L - 6/10/18 09:30 AM / 14/10/18 10:15 AM
- NALINCL 70133911/14 IDA: 10/10/18

SLH 5732D - X

POTENTIAL REPORT

18/10/18 @ 2:45 PM

- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS & HIGHLIGHTED HIS WTS WITHIN CASE & TP CHARGED CASE. HIS VIDEO FOOTAGE PROVIDED TO HIS WORKSHOP OLC. INFORMED HIM OF TP CLAIM & WE WILL PROPOSE TO BEAT TP CLAIM TO REINSTATE HIS NCD. RETURNED HIS EMAIL. - EMAIL OI WORKSHOP FOR COPY OF VIDEO FOOTAGE.

- OI VIDEO IN. V DRIVING VIC / SLH 5732D

- UPDATED IN WORKSHOP.

29/10/18
30/10/18

- AIG AGREED TO RESTATE TP CLAIM.

- EMAIL TO TP TO BEAT CLAIM.

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

18/10/18 - JK

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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

Reject Case

By (staff):

VIC

Approved by:

VIC

Date:

30/10/18

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

49

S\$ 2,600.00 (4 days)

Reduction:

91 %

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 + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

-

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

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: