

15/5/2010

INS. CASE OWNER:

ACWIN

CC 6 /AIG1801

9728, 1/10/18

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

1/10/18

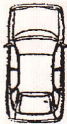
Date / Time:

21/10/18

Registered in Merimen:

20/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 10770

Claim No. :

4678582554

Name of Insured :

MAY WEE KONG

Policy No. :

NOUR8146-07

Insured Tel No. :

HP:

96218615

Make / Model :

Toyota

Excess Sec II :S\$

D.O.A :

11/8/18

Place of Accident :

Bukit Merah LK RV

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

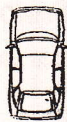
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SMA 37877

INSRS:
WSP:
Tel :
Liability :
RMKS:1st
DmcoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
21/10/18	SMA 37877-X	Non-Reporting ltr (1st):	
21/10/18	5 JSC10770-X	Non-Reporting ltr (2nd):	
07/02/19	FINISHED ORIGINAL TP LOP IN. TP VIDEO IN. V DRIVE / VIC / SMA 37877. UPLONATIO IN WORKBOOK	Non-Reporting ltr (Final):	
	REPORT ON TP VIDEO, TP TRAVELLING STRAIGHT ON CUT IN. CONDO LETTER 4 BLANK TO OI TO NOTIFY TP CLAIM IN NGP RMKS.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	07/02/19 - vic
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
15/05/19	THE REPORT FOR WARRANT APPROVAL	Release Voucher:	
13/06/19	AIG APPROVED WARRANT.	Final Repair Bill:	
02/02/19	SEND 1ST OFFER TO TP.	Car Rental Invoice:	
08/02/19	TP ACCEPTED OFFER. ALL POCS IN ORDER. TO CURE.	Towing Invoice:	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: P/P S\$ 8,784.60 (3 days) Reduction: 27 %		Confirm by:	
FINAL SETTLEMENT Date/Time: 08/02/19		Confirm with: RONNIE	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		Email: [] Call: []	
Repair Cost: (w/ass) S\$ 9,399.52		If NO or B 28, Ass. Lia : COL CHARGED (415) TP VIDEO IN	
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 150.00 x 3 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\$ -		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost S\$ -		3) Survey fee: \$370.00	
Total: S\$ 9,579.52 Global Sum S\$: -			
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1: S\$ 9,579.52		Email: [] Call: []	
Payee 2: (Strike if N.A.) S\$ -		Name 1: 1ST AUTOWORKS PTE LTD	
Payee 3: (Strike if N.A.) S\$ -		Name 2: -	
		Name 3: -	