

15/5/2010

INS. CASE OWNER:

LEE HING YAO

CC

/AIG1802

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

26/4/18

Date / Time:

28/4/18

Registered in Merimen:

28/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUP 4438T.

Claim No.:

077158765056

Name of Insured:

MAGNETE WORKS & ENGINEERING

Policy No.:

AHHH4770.

Insured Tel No.:

HP:

Make / Model:

VW Golf

Excess Sec II :\$

D.O.A.:

26/4/18

Place of Accident:

AMK RT 2.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MARCUS LEE (21) (min 4 running)

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

Driver Tel No.:

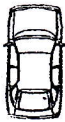
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SYG 6 form.



INSRS:

WSP:

Tel:

Liability:

RMKS:

TK



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
4/4/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	24 9-1-19
	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:	☐ ☐

9-1-19 @ 327 PM w/ BEN (G1) ASK US TO SEND HIM EMAIL.

OK AGREED TO COST AIG 90TUB.

MAX TP PU 4 ACA.

1,950.XX

400.XX

\$2,350.XX

SUR - \$342.40

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$1,950.00	(3 days) Reduction:	53 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27	
Repair Cost:	\$1,950.00			
Loss of Rental (LOR):	\$100.00 (x 4 days)			
Loss of Use (LOU):	\$100.00 (x 4 days)			
Loss of Income (LOI):	\$ (x days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	\$ -			
Medical:	\$ -			
Disbursement:	\$ - (e.g. Tow/ Independent)			
Legal Cost	\$ -			
Total:	\$2,350.00	Global Sum \$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$2,350.00	Name 1:	TK MOTOR WORKSHOP	
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-	
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-	