15/5/2010

INS. CASE OWNER: NOTOWAH | CC 4/AIG1802 2177 / FTh23 | LKK: IDAC:

ASSIGNMENT

Surveyor: Falvin DOI: 27/11/18 Date / Time : 27/11/18.

Registered in Merimen: 27/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJB 8662H Claim No. : 349127485569

Name of Insured : ONG BAO SHENG BARRY. Policy No. : 700507685-01

Insured Tel No. : HP: Make / Model : NISSAN

Excess Sec II :S$ D.O.A : 25/11/18 Place of Accident : SENG KANG EAST RD LANE 3.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 7042Y. →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CORE UY.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
7/1/19	SHC7042Y-Y SJB8662H-Y
	- OI VIDEO UPLOADED IN WEBCLAIMS
9/1/19	- TP LOD IN
24/04/19	- EMAIL TO TP REQUEST.
	- TP REQUESTED.
	- REQUESTED TO VIDEO FOOTAGE
	- TP VIDEO ID. V/VIC/SHC7042Y
	- UPLOADED IN WEBCLAIMS
25-1-19	W/ OI DISPUTE TP HAS FAULTY BRAKES.
28/01/2020	- AIG MAINTAIN REJECTION
	- EMAIL TO TP TO MAINTAIN REJECTION.
	- TO CLOSE CASE.

Reject Case
By (staff) : VIC
Approved by :
Date : 28/01/20

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% ~~100~~	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	REQUEST TP CLAIM AIG MAINTAIN REJECTION
Loss of Use (LOU):	S$ —	($ x 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: $320.00
Total	**S$**	**Global Sum S$:**	

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: —	