

# CC6/AIG19000597/Abb3

INS. CASE OWNER: ~~006 MICR1000 USA, Ayo~~ LKK: \_\_\_\_\_ IDAC: \_\_\_\_\_

Surveyor: Adrian ASSIGNMENT DOI: 2/1/19 Date / Time: 9/1/19

Registered in Merimen: 10/1/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SEW 49534 Claim No. : 7071699046SG

Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A. : 5/1/19 Place of Accident : \_\_\_\_\_

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 : \_\_\_\_\_

PA 22414

INSRS: _____ WSP: <u>Chew motor</u> Tel: _____ Liability: _____ RMKS: _____	INSRS: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	INSRS: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	INSRS: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____
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Date/Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD:	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

Reject Case

By (staff) : Jasper

Approved by : [Signature]

Date : 08/10/20

**08/10/2020 REJECT TP CLAIM**

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	
Repair Cost: <u>L/S</u> \$S <u>8,400.00</u> ( <u>28</u> days) Reduction: <u>52.19</u> %	Confirm by: _____
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 _____ (S x _____ days)	
Loss of Income (LOI): \$S _____ (S x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search: \$S _____	
Medical: \$S _____	
Disbursement: \$S _____ (e.g. Tow/ Independent )	1) Claim status: Normal <input type="checkbox"/> Private Settle <input checked="" type="checkbox"/>
Legal Cost: \$S _____	2) Report Format: _____ TP
<b>Total:</b> \$S _____	3) Survey fee: <u>\$320.00</u>
<b>GLOBAL SUM SS:</b> _____	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S _____ Name 1: _____	
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____	
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____	