

15/5/2010

INS. CASE OWNER:

NORWAH

CCP/AIG1900

4015, 1st

LKK:

IDAC:

Surveyor:

PSC

DOI:

ASSIGNMENT

6/2/10

Date / Time:

4/12/19

Registered in Merimen:

5/2/10

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLH 34407

Name of Insured:

MOMES CHRISTOPHER ROBERT

Insured Tel No.:

HP:

Claim No.:

6687654456

Policy No.:

11048888-01

Excess Sec II :S\$

D.O.A.:

2/2/10

Make / Model:

SUBARU

Is driver the owner?

(YES / NO)

Nature of Accident:

Place of Accident:

CANADIAN INT SCHOOL

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

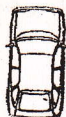
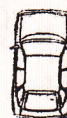
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHF 15217

INSRS:
WSP:
Tel:
Liability:
RMKS:soon
rockINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

SHF 15217-X

SHF 11401-X

pls verify pin & reply AIG.

10-2/3

01-2/3

OI VIDEO UPLOADED IN MERIMEN

door was closed by open - 01

door was open, but finger further - TP

20/11/10

called OI twice. NO answer.

sent e-mail + addendum

PINKUZZO

31/5/19

OID e-mailed, he will send video to AIG

OID disputed liability. OI IS ALSO

MAKING COUNTER CLAIM.

ORIGINAL TP LOD IN

21/06/19

AIG INSTRUCTED TO REJECT TP CLAIM

PUSH TO TP TO REJECT 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.

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:

21/06/19

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

L19

S\$ 2,000.00

(2 days) Reduction:

29

%

FINAL SETTLEMENT

Date/Time:

Confirm with

Final Liability:

%

0

(Agreed / Assessed) BOLA S/N No.:

NIL

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 + LO

[Tick only one]

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

Total:

S\$ -

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$ -

Name 1:

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

Email

Call

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