

INS' CASE OWNER:

CC 6 / AIG 1900 6934 / A/b3

LKK:

IDAC:

Adrian.

EOI

ASSIGNMENT

17/04/2019

Date / Time:

17/4/19

Registered in Merimen:

18/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCN 8019 K

Claim No.:

Name of Insured:

Chick sien New Hedy.

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 14/04/2019

Place of Accident:

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

SMF 3791U



INSRS:

WSP: MG Solution.

Tel:

Liability:

RMKS:



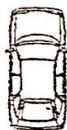
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMF3791U - NA/TMI 1900694/13 - DOA 14/04/2019
 SCN8019N - N8A/III 1302042054 - DOA 06/4/2013
 - NA/TMI 1900694/13 - DOA 14/04/2019
 - CC3/AIG 13020782/R14942 - DOA 03/11/2013
 - NO OI GIA sent out by IETEK.

13/05 OI GIA Report In.

POTENTIAL NO DAMAGE
 DISPUTE LOD IN.

- TP VIDEO FOOTAGE IN. UPLOADED IN WORKMAN
 - CI VIDEO UPLOADED

20/5/19

Called OI to inform TP claim.

BI lawyer - Leggitorm
 AIG - Wilsch-Ten
 - TP LOD IN

14/6/2019

File pass typ made

25/06/2020

settled & closed.

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:

45

S\$ 3750.00

(4)

days

Reduction:

61.81

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

MS WONG

Email

X

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/gst)

S\$ 4,012.50

Loss of Rental (LOR):

S\$

()

days

Loss of Use (LOU):

S\$ 360.00

(\$ 60 x 6)

days

Loss of Income (LOI):

S\$

(\$ x)

days

LOR only

LOU only

X

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 7.45

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$ 320.00

Total:

S\$ 4,379.95

Global Sum S\$:

4,350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4,350.00

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Share IN)

S\$

Name 2:

-

Payee 3: (Share IN)

S\$

Name 3:

-