

15/5/2010

INS. CASE OWNER:

LOH CHOE HENG

CC 2 / AIG1900

7104

E2639

LKK:

IDAC:

Surveyor:

ESC

DOI:

ASSIGNMENT

21/4/19

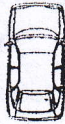
Date / Time:

21/4/19

Registered in Merimen:

21/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMF 845 IT

Name of Insured:

M1 BAO KIAN, ADELINE (Kuanh
Bu Oxlany)

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

17/4/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

4035227285G

Policy No.:

18101427489

Make / Model:

MISAW

Place of Accident:

LROSS ST AFTER. LBU ST

If NO, Driver Name / Age:

Driver Tel No.:

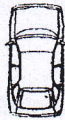
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHL 5177



INSRS:

WSP:

Tel:

Liability:

RMKS:

TRANS
CMB

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

30/4/19 @ 3:30pm
- KhondraSHL 5177 - Spoken to OI. Informed OI on TP claim
and advise NCD will be affected if
applicable.

OI video uploaded on Merimen.

- FINALISED

- ORIGINAL TP LOD IN

11/1/19

- TYPE REPORT FOR MANDATE
APPROVAL

07/12/19

- REPORT DONE
- GIVE MANDATE APPROVAL TO AIG
BY GUMIL/ MERIMEN

09/12/19

- AIG APPROVED MANDATE

07/01/2020

- SEND 1ST OFFER TO TP.

- TP ACCEPTED OFFER.

- ALL DOCS IN ORDER.

- TO CLOSE.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

- 30/4/19 - Khondra

After call ltr to OI:

e-mail only

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: GUMIL

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:

40

S\$

7,000.00

(

4

days) Reduction:

77

%

Email

Call

FINAL SETTLEMENT

Date/Time:

07/01/20

Confirm with

KUANH

Email

Call

Final Liability:

%

100

(

Agreed / Assessed)

BOLA S/N No.:

15

Repair Cost:

(w/loss)

S\$

7,190.00

Loss of Rental (LOR):

S\$

370.24

(

6

days) x

93.04

Loss of Use (LOU):

S\$

-

(

S

x

days)

Loss of Income (LOI):

S\$

300.00

(

S

x

6

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.19

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

8,367.73

Global Sum S\$:

8,360.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

8,360.00

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4370.00