

15/5/2010

INS. CASE OWNER:

GAW HUNCHUNG

CC

/AIG1900

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

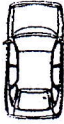
Date / Time :

21/4/19

Registered in Merimen:

21/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 1848L

Claim No. :

19307858659

Name of Insured :

SHENG JIAO

Policy No. :

Insured Tel No. :

HP:

Make / Model :

MINI

Excess Sec II :SS

D.O.A :

21/4/19

Place of Accident :

VIEW YIMH HOW BE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

GAD QIAN

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

Driver Tel No. :

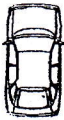
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SKD 831C



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS
CUB

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

09/10/19

01/11/19

22/11/19

25/11/19

SKD 831C-4

SLU 1848L-4

MINI COOPER

ORIGINAL TP LOD IN

FILE REVIEWED. OLD REPAIR-ENDED TP.
SEND LETTER TO BUAL TO OI TO
NOTIFY TP CLAIM & NCD ISSUES.

TYPE REPORT FOR MANDATE APPROVAL
REPORT DONE

SEND MANDATE TO AIG
OI VIDEO UPLOADED BY AIG IN WORKMAN

AIG APPROVED MANDATE
SEND 1ST OFFER TO TP

TP ACCEPTED OFFER.
ALL DOCS IN ORDER
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: 09/10/19-JIC

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:

P/P

S\$

9,099.57

(5

days)

Reduction:

81

%

Email

Call

FINAL SETTLEMENT

Date/Time:

25/11/19

Confirm with

WAI YIN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

Cw/1650

S\$

9,736.54

(OLD REPAIR-ENDED TP)

Loss of Rental (LOR):

S\$

518.00

(5

days)

X \$ 103.60

Loss of Use (LOU):

S\$

—

(S

x

days)

Loss of Income (LOI):

S\$

—

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

—

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

—

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

—

3) Survey fee:

4320.00

Total:

S\$

10,262.03

Global Sum S\$:

10,260.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

10,260.00

Name 1:

TRANS-CUB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

—