

27/5/2019

INS. CASE OWNER:

BURNABU

CC 6 /AIG1900

LKK:

IDAC:

Surveyor:

Admin

DOI:

ASSIGNMENT

WU/CH

Date / Time:

nowela

Registered in Merimen:

WU/CH

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGL 8751M

Name of Insured:

HUA MENG SPRAY PRINTING WORKSHOP

Insured Tel No.:

HP:

SHIN HAN LIMO SERVICES

Excess Sec II :\$S

D.O.A.:

WU/CH

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

311719114456

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final? Yes / No

SGL 8751M

SEP 2017

SGL 8751M



INSRS:

WSP:

Tel:

Liability:

RMKS:

WU



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hua Meng

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SEP 2017 - X

SGL 8751M - X

STAGE

DATE / PIC

Non-Reporting ltr (1st): 24/05/2019

Non-Reporting ltr (2nd): 14/06/2019

Non-Reporting ltr (Final): 14/06/2019

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 11/11/19-WIC

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:

24/06/19

1:30PM

- NO OI GIA REPORT IN YET.

- RA -> \$2.5K (C15)

- 2nd RA -> \$2.5K

- TP 11/11/19 IN. APPROVED IN WORKSHOP

- CALL OI TO FOR TP GIA. NO RESPONSE.

- MANAGED

- TP LOD IN BY EMAIL

- OI SEND LETTER. REFUSE TO SETtle

CLAIM.

24/06/19

11/11/19

22/11/19

02/12/19

- NO OI GIA REPORT IN YET.

- OI GIA REPORT IN

- PLUS REQUESTED OI RATE-ENDED TP.

- TYPE REPORT FIRST. REPORT FONE

- SEEK MANAGE APPROVAL TO AIG

- AIG APPROVED MANAGE

PRELIMINARY ADVICE

Date/Time:

Sent By:

05/12/19

- TP ACCEPTED OFFER.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L19

\$S 12,000.00

(14 days)

Reduction:

59

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Cal

04/12/19

SING

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

100

Repair Cost:

\$S 12,000.00

Loss of Rental (LOR):

\$S

(days)

Loss of Use (LOU):

\$S

1,400.00

x 14 days

Loss of Income (LOI):

\$S

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

7.45

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S 13,407.45

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

\$S

13,407.45

Name 1:

HUA MENG SPRAY PRINTING WORKSHOP

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-