

15/5/2019

INS. CASE OWNER:

CHAN HAN WING

CC 6 /AIG1900

9078, E#3

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

2/6/19

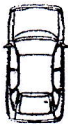
Date / Time:

2/6/19

Registered in Merimen:

2/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMH 7826M

Name of Insured:

TWINLAP Leasing Pte

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

6/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

12A06422906G

Policy No.:

999994387

Make / Model:

Honda

Place of Accident:

WEST COAST HIGHWAY Junc of
WEST COAST LINK

If NO, Driver Name / Age:

TOH HOON PENG STEVE

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

Driver Tel No.:

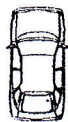
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SGK 5687K



INSRS:

WSP:

Tel:

Liability:

RMKS:

sin
klup
111

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SGK 5687K 2/6/19 900807/19 00: 6/6/19
SMH 7826M
- POTENTIAL REJECT CLAIM
- PINKETED

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:

10/08/19

- PLS FOLLOWED. TP CHARGED LAMP.

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:

14/08/19

- AIG REPORTED TO REJECT TP CLAIM

- EMAIL TO TP REJECT

- TO CLOSE.

Reject Case	
By (staff):	Vic
Approved by:	Vic
Date:	19/08/19

PRELIMINARY ADVICE

Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$

1,800.00

(5

days)

Reduction:

33

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

-

CAP PINKETED LAMP)

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\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

4620.00

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

-

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-