

15/5/2010

INS. CASE OWNER:

TAN BONNIE

CC6 / AIG 1900 9190

Aga3

LKK:

IDAC:

Surveyor:

Adrain

DOI:

ASSIGNMENT

24/5/19

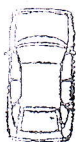
Date / Time:

24/5/19

Registered in Merimen:

24/05/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 2360S

Name of Insured : HUNT RENO

Insured Tel No. : HP:

Excess Sec II : SS

D.O.A : 23/05/2019

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

064322181866

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SMG 2620G



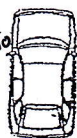
INSRS:

WSP: Green Forest Auto

Tel :

Liability :

RMKS:



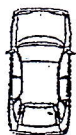
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMG 2620G - X GBF 2360S - X

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:

08/07/19

- PINKUZZED

- TP LOD IN BY BUNIL

- THIS EQUIPMENT AD REPORTED NOT
AWARE OF ACCIDENT.

- BUNIL TP TO GET EVIDENCE

- TP VIDEO IN. V/VIC/SMG 2620G - UPLOADED
IN WATSON

09/07/19

- BUNIL TO AIG FOR INSTRUCTION.

16/08/19

- AIG APPROVED TO REBOT.

- BUNIL TO TP TO DRY CLAIM.

- TO CLOSE.

Reject Case

By (staff) : Vic

Approved by : Yes

Date : 19/08/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 40

S\$ 2,200.00 (5 days) Reduction: 67 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. : 27a

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ -

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 + LOI ☐

[Tick only one]

CIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

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:

NO. OBTAINMENT

REJECT TP CLAIM

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00