

15/5/2010

INS. CASE OWNER:

LOW CHIEF HONG

CC 6 / AIG1900

10141, Ubbh

LKK:

IDAC:

Surveyor:

WHRMS

DOI:

ASSIGNMENT

10/6/19

Date / Time:

10/6/19

Registered in Merimen:

10/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMJ 22365

Name of Insured:

SUK LUN LUN MENCAN

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

9/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

8084555646G

Policy No.:

1900070109

Make / Model:

km

Place of Accident:

UE

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

GBC 9511



INSRS:

WSP:

Tel:

Liability:

RMKS:

Fastech



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
	40M 9511 - 10K (10M 9511) 10/6/19	Non-Reporting ltr (1st):	
	907 22365 - 1	Non-Reporting ltr (2nd):	
	01 VIDEO FOOTAGE w/ TRAFFIC POLICE	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	10/6/19 - SUMMY
18/6/19	Called OI on TP claim	Documentation Check List: Handler	Typist
	PINKUJED	Notification ltr (if non-pickup)	☐
	TP LOD IN.	After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
23/6/19	TIME REPORT FOR MANDATE APPROVAL	Final Repair Bill:	☒
	REPORT DONE.	Car Rental Invoice:	☐
12/09/19	SOME MANDATE TO AIG.	Towing Invoice	☐
	AIG APPROVED MANDATE.	LTA / GIA:	☒
	SIGN RECEIPTANCE SUBMIT TO TP	Medical Bill:	☐
	ALL DOCS IN ORDER.	PIR:	☐
	TO CLOSE.	Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 49	\$S 10,500.00 (7 days) Reduction: 47 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 12/09/19	Confirm with: NANCY
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	Email ☐ Call ☐
Repair Cost: (w/65r)	\$S 11,235.00	If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	\$S (days)	(01 SWERUB LUN TO AVOID FRONT CASE)
Loss of Use (LOU):	\$S - 800.00 (8 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	\$S - 2.00	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 12,037.00 Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 12,037.00	Name 1: PROTECH AUTO PTB LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -