

INS. CASE OWNER:

BONNIE

CC 6 / AIG 19011842 / T1 h43

LKK:

IDAC:

(541-16/8)

Surveyor:

Taufileh

DOI:

ASSIGNMENT

2/7/19

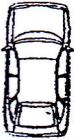
Date / Time:

3/7/19

Registered in Merimen:

4/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

BE 747 T

Name of Insured:

Loh Lee Kin

Insured Tel No.:

HP:

Claim No.:

50 A1378 42906

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :SS

D.O.A: 21/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

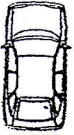
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMP 14/04



INSRS:

WSP: Sin Hup Lee

Tel:

Liability:

RMKS:



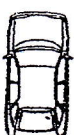
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SMP 14/04 : X

BE 747 T : CS / PC11000 1072 / Dbn
D.O.A: 14/1/10

11/7

OINR sent out first letter.

- OI GIA REPORT IN.

21-08-19

AS TP VEHICLE CAME OUT FROM HIS HOUSE WITHOUT GIVING
WAY TO 1/2 WHO WAS ALONG MAIN ROAD WE CAN REJECT
TP CLAIM.

02/09/19

- OI VIDEO UPLOADED BY AIG IN MERIMEN

- 96% RESTORATION APPROVAL TO AIG

- MINOR ROAD

02/10/19

- AIG APPROVED TO RESTORE TP CLAIM.

- GIVE TO TP RESTORE CLAIM

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st): 19/8/19

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

By (staff): VIC

Approved by: Jm

Date: 09/10/19

Confirm with:

Repair Cost:

L/S S\$ 2,200.00 (3)

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

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]

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ -

Global Sum S\$:

RA fee \$ 234

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00