

15/5/2010

INS. CASE OWNER:

BENALIE

CC 4/ AIG 190 17549, K ha3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

02/09/19

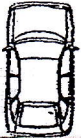
Date / Time :

16/7/19

Registered in Merimen:

16/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SML 6651P

Claim No. :

6302403588 9G

Name of Insured :

Hameed Sulthan Mijam Mohideen

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

17/7/2019

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

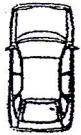
(V/L YES / NO)

Insured Liability :

%

Final ? Yes / No

SLM89726



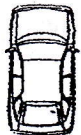
INSRS:

WSP:

Tel :

Liability :

RMKS:

Estee
mml

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLM89726-X; SML6651P-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: 27/08/19 -VIC

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:

27/08/19

PIC REVIEWED. BOTH TURNING. OI
REPORTED THAT TP ENCRUTCHED CAR.
SEND LETTER & EMAIL TO OI TO
NOTIFY TP CLAIM & NEW ISSUES.
- PENDING OI VIDEO FOOTAGE.
- OI VIDEO UPLOAD IN WORKMAN.
- BASED ON FOOTAGE, OI ON A TURNING/
GOING STRAIGHT CAR.

11/10/19
12/11/19

- EMAIL TO AIG TO RESORT TP CLAIM.
- AIG FORGOT TO RESORT CLAIM
- EMAIL TO TP RESORT.
- TO CLOSE

Reject Case

By (staff) : VIC

Approved by : 4

Date : 13/11/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

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\$

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\$:

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:

4320.00