

15/5/2010

INS. CASE OWNER:

NORSIAH

CC 3 /AIG1901

2019, 163

LKK:

IDAC:

(50-15/19)
CJW-11/19

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

24/1/19

Registered in Merimen:

24/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBG 915A

Claim No.:

C9 6104 ne956

Name of Insured:

VE WANG TRADING PTE

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

24/1/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

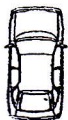
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SU 1842A



INSRS:

WSP:

Tel:

Liability:

RMKS:

premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SUSPENSION - X	Non-Reporting ltr (1st):	16/08/2019
	GBG 915A - X	Non-Reporting ltr (2nd):	
	no of him, sent out 1st letter	Non-Reporting ltr (Final):	10/09/2019
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
24/09/19	TP WITHDRAWAL CLAIM	Documentation Check List:	Handler Typist
	will handle the matter on their own	Notification ltr (if non-pickup)	☐
	SENT TO AIG TO INFORM ABOUT	After call ltr to OI:	☐
	TO CANCEL CASE	Authorisation To Act:	☐
		Release Voucher:	☐
24-9-19	TO CANCEL NO SURVEY.	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with
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 + LO ☐	[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:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

CANCELLED CASE
NO SURVEY

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4) RA fee: \$2.54 x 2