

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1901

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

(V/L YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SUP 65MT



INSRS:

WSP:

Tel :

Liability :

RMKS:

REVOLUTION



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
11/09	NO OI GIA	
18/09/19	OI GIA Report IN.	
27/01/2021	SUBMIT WP REPORT TO AIG	
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: 43 SS 550.00 (3 days) Reduction: 84.42 % 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: SS		
Loss of Rental (LOR): SS (days)		
Loss of Use (LOU): SS (\$ x days)		
Loss of Income (LOI): SS (\$ x days)		
LOR only LOR + LOU LOR + LO [Tick only one]		
GIA/LTA Search SS		
Medical: SS		
Disbursement: SS (e.g. Tow/ Independent)		
Legal Cost SS		
Total: SS Global Sum SS:		
FINAL PAYMENT Date/Time: Confirm with: Email Call		
Payee 1: SS Name 1:		
Payee 2: (Strike if N.A.) SS Name 2:		
Payee 3: (Strike if N.A.) SS Name 3:		