

Express (due on 13/12/19)

To Close within 3 WDS

Sent : 11/12/19

15/5/2010

INS. CASE OWNER:

KORSIAM

CC3 / AIG1901 6818, T1 661

Surveyor:

TAUMIKH

DOI:

ASSIGNMENT

07/10/19

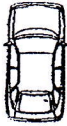
Date / Time :

24/09/19

Registered in Merimen:

24/09/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMP 137JT

Name of Insured :

UNDA VOO WOH PING

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

23/09/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

48942698989

Policy No. :

1900161718

Make / Model :

KIA

Place of Accident :

ORIMEN RD

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

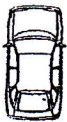
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SMP 9681M



INSRS:

WSP:

Tel :

Liability :

RMKS:

performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMP 9681M - X

SMP 137JT - 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:

30/09/19 - 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:

30/09/19

MIS REVIEWED. OI REAR-ENDED TP.
SEND LETTER AND EMAIL TO OI TO
NOTIFY TP CLAIM AND NCD ISSUES.

EMAIL LIABILITY CLERK

MANAGE TO

ORIGINAL TP LOD IN

06/11/19

11/12/19

UPLOADED IA IN MERIMEN

AIG APPROVED MANDATE

SEND ACCEPTANCE EMAIL TO TP

ALL DOCS IN ORDER.

TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/L

S\$ 1,231.80

(3 days)

Reduction:

50

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

CAROLINE

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

(W/600)

S\$ 1,318.03

Loss of Rental (LOR):

S\$ 200.00

(2 days)

X \$100.00

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\$

2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 1,520.03

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$ 1,520.03

Name 1:

PERFORMANCE MOTORS LIMITED

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