

15/5/2010

INS. CASE OWNER:

Bennie Tan

CC 4 /AIG 2000 5984 / Fps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

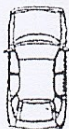
RAM

DOI: 27/05/2020

Date / Time : 27/05/2020

Registered in Merimen: 27/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 362E

Claim No. : _____

Name of Insured : CHUA KAR WEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 26/05/2020

Place of Accident : _____

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

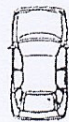
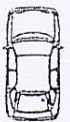
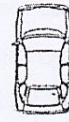
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHC 3710D

INSRS:
WSP: COMFORTDELGRO
Tel: (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	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:	
16/09/2020	Pls refer to VIEWS for details.	
	*Rejected 3rd party claim as per AIG instruction (Under BOLA S15)	
	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$	(days)
Loss of Use (LOU):	\$\$	(\$ x days)
Loss of Income (LOI):	\$\$	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

Reject Case

By (staff) : Hsiao Tsz
Approved by :
Date : 16-09-201) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00