

15/5/2010

CC3/AIG17009579/K1ks3q2-1

LKK:

INS. CASE OWNER:

~~CC / AIG1800~~

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GW 5876C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 12/05/2017

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

SMB 1346G



INSRS: _____
WSP: **SMRT**
Tel : _____
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:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

9/11/2020 KHANCHNA
AIG rejected TP claim on 21/8/2017.
Email sent to maintain rejection on 24/9/2020
No response to date from TP. Email
to admin to close.

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____
FINALIZATION	Date/Time: _____	Confirm with: _____ Confirm by: _____
Repair Cost:	\$\$ (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____	Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% (Agreed / Assessed) B/S/N No. : _____	If NO or B 28, Ass. Lia :
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$	
Loss of Use (LOU):	\$\$ (\$ _____ days)	
Loss of Income (LOI):	\$\$ (\$ _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LO <input type="checkbox"/>		[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (_____ / Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$\$	2) Report Format: -
Total:	\$\$	3) Survey fee: -
GLOBAL SUM	Global Sum \$\$: _____	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$\$	Name 1: _____
Payee 2: (Strike if N.A.)	\$\$	Name 2: _____
Payee 3: (Strike if N.A.)	\$\$	Name 3: _____