

15/9/2018

CC3/AIG17009579/K1ks3q2-1

LKK:
IDAC:

INS. CASE OWNER:

~~CC / AIG1900~~

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: SMRT
WSP:
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.

Reject Case
By (staff) :
Approved by : *[Signature]*
Date : 10/11/20

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. :
Repair Cost:	\$ \$	If NO or B 28, Ass. Lia :
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:	\$ \$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$	2) Report Format: -
Legal Cost	\$ \$	3) Survey fee: -
Total:	\$ \$	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: _____