

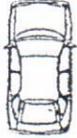
INS. CASE OWNER:

CC4 / AIG 2000 7682 / R1/s3

LKK:  
IDAC:

Surveyor: RASUL DOI: 28/07/2020 Date / Time : 27/07/2020  
Registered in Merimen: 27/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 6619M Claim No. : \_\_\_\_\_  
Name of Insured : BKW RENT A CAR PTE LTD Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A : 16/07/2020 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

FBL 1477P



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



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:

Date/ Time	FBL 1477P : X ; SMP 6619M : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
12.10.2021	PLEASE REFER TO VIEW FOR MORE DETAILS *SUBMIT REJECT AS PER AIG INSTRUCTIONS	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: P/P	\$S 1,355.00 ( 1 days) Reduction: 49 %	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) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S		
Loss of Rental (LOR):	\$S ( days)		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	\$S (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/ <del>Private Settlement</del>	
Legal Cost	\$S	2) Report Format: TP	
		3) Survey fee: 320.00	
Total:	\$S Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S Name 1:		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		

**Reject Case**  
 By (staff) : *Justin*  
 Approved by : *JW*  
 Date : *14/10/21*