

INS. CASE OWNER:

CC4/AIG20011984/Aga3

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **03/11/2020**Registered in Merimen: **03/11/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKZ 5688R**

Claim No. : _____

Name of Insured : **LIM JIEW LIANG**Policy No. : **2100435286**

Insured Tel No. : _____ HP: _____

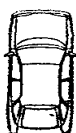
Make / Model : **NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR****Excess Sec II :S\$** _____ D.O.A : **01/11/2020 11:30**Place of Accident : **SIN MING WALK**

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****FBN 8872A**INSRS:
WSP: AUTOMOBILE HUB
Tel : ENTERPRISE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBN 8872A - X	Non-Reporting ltr (1st):	
	SKZ 5688R - CS/INC19021338/Kvd3n2 - 29/11/2019	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"/>
19/04/2021	AIG RECEIVED LOD FROM TP LAWYER. SUBMIT WP	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/S S\$ \$2,400.00 (4 days) Reduction: \$2,257.00 % 48	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9	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\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost S\$ _____	3) Survey fee: \$250.00
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: _____	