

15/5/2010

INS. CASE OWNER:

CC3/AIG21004694/Kra3

LKK:
IDAC:**ASSIGNMENT**Surveyor: **KENNETH**DOI: **12/04/2021**Date / Time: **12/04/2021**Registered in Merimen: **13/04/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKX 9866C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : **08/04/2021 11:54**

Place of Accident : _____

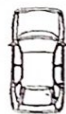
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

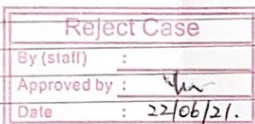
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SHB 9711S**INSRS: **TRANS-**
WSP: **CAB**
Tel : **AUTO**
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHB 9711S - CS/FCI12022210/Uvn ; 14/11/2012	Non-Reporting ltr (1st):
	NA/AIG12010950/w1 ; 01/06/2012	Non-Reporting ltr (2nd):
	NA/AIG12022152/s2 ; 14/11/2012	Non-Reporting ltr (Final):
	SKX 9866C - CC6/AIG18018191/eb3XX ; 04.10.2018	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
18/06/2021	PLEASE REER TO VIEWS FOR DETAILS *SUBMIT REJETA AS PER AIG INSTRUCTIONS	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: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: P/P	SS 4,083.25 (2 days) Reduction: 74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Final Liability: %	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost: \$\$		
Loss of Rental (LOR): \$\$	(\$ x 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: \$\$		
Medical: \$\$		
Disbursement: \$\$	(e.g. Tow/ Independent)	
Legal Cost: \$\$		
Total: \$\$	Global Sum \$\$: _____	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1: \$\$	Name 1: _____	
Payee 2: (Strike if N.A.) \$\$	Name 2: _____	
Payee 3: (Strike if N.A.) \$\$	Name 3: _____	

1) Claim status: **Normal/Reject**
2) Report Format: **TP**
3) Survey fee: **250.00 290.00**