

15/5/2010

INS. CASE OWNER:

CC4/AIG21006445/Ugs3

LKK:

IDAC:

Surveyor: MarcusDOI: 08/06/2021Date / Time : 07/06/2021Registered in Merimen: 07/06/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ 9098P

Claim No. : \_\_\_\_\_

Name of Insured : Cheung Oi Lin Cecilia

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \$ D.O.A : 04/06/2021

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

SMK 2953AINSRS:  
WSP: ALLSWELL  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time		STAGE	DATE / PIC
	SMK 2953A : X ; SLJ 9098P : X	Non-Reporting ltr (1st):	
09/06/2021	OINR *** SENT OUT FIRST NON-REPORTING LETTER	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"/>
10/09/2021	REJECTION EMAIL TO TP - HEIGHT MEASUREMENT DONE, FOUND INCONSISTENT DAMAGES. OI DID NOT COLLIDE INTO TPV. AIG INSTRUCT TO REJECT CLAIM. MR YEW TO CHOP & SIGN	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:

Repair Cost: P/P \$ \$ \$1,525.33 ( 3 days) Reduction: \$2,770.43 % 64

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability: % 0 (Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost: \$ \$

Loss of Rental (LOR): \$ \$ ( days)

Loss of Use (LOU): \$ \$ (\$ x days)

Loss of Income (LOI): \$ \$ (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]

GIA/LTA Search \$ \$

Medical: \$ \$

Disbursement: \$ \$ (e.g. Tow/ Independent )

Legal Cost \$ \$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: REJECT

3) Survey fee: \$320.00 + \$300 (inspection fee)

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: