15/5/2010

INS. CASE OWNER: MING YAO LEE

CC6/AIG22003849/Aea3

LKK: IDAC:

ASSI		ALC:N	JT
AOOI	TINI	יועדוו	N I

DOI: 25/04/2022 **ADRIAN** 25/04/2022 Date / Time : Surveyor:

> 26/04/2022 Registered in Merimen:

Pre-assign / CCU / FTE

Commence of
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SMT 1625G Insured Vehicle No. Claim No.

Name of Insured Policy No. HP: Insured Tel No. Make / Model :

D.O.A: 13/04/2022 07:40 Place of Accident: Excess Sec II :S\$

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

SMW 1209J



INSRS: WSP: ADVANCE Tel: AUTO GARAGE Liability:

RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time					
	SMW 1209J - X	SMT 1625G - X	STAGE	DATE / PIC	
			Non-Reporting ltr (1st):		
We have dete	cted that there is already an	active claim within 1 day of the Date of Loss.	Non-Reporting ltr (2nd):		
SM\\\/1209.1 F	SMM/1200 L Parks of Lose: 12/0//2022 /TD)		Non-Reporting ltr (Final):		
Insurer: AIG /	ate of Loss: 13/04/2022 (TP) sia Pacific Insurance Pte. Lt	d.	Notification ltr (if non-pickup):		
Repairer: Kah Motor Co Sdn Bhd (Ubi)		Call OI:			
		After call ltr to OI:			
Please CONFIRM that this is NOT the same case you are creating.		Documentation Check List: I	Handler Typist		
			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:		
RELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
		·	Others:		
INALIZATION	Date/Time:	Confirm with:	Confirm by:		
epair Cost:	S\$ (days) Reduction:	Email	Call	
INAL SETTLEMENT	Date/Time:	Confirm with	Email Call		
nal Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:		
epair Cost:	S\$				
oss of Rental (LOR):	S\$ (days)			
oss of Use (LOU):	S\$ (\$ x	days)			
oss of Income (LOI):	S\$ (\$ x	days)			
OR only LOU only	`	OR + LOI [Tick only one]			
IA/LTA Search	<u>S</u> \$				
ledical:	S\$		1) Claim status: Normal/Reject/Private Settle		
isbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format:		
egal Cost	S\$	(3) Survey fee:		
otal:	S \$	Global Sum S\$:			
INAL PAYMENT	•	Confirm with:	Email Call		
ayee 1:	S\$	Name 1:			
ayee 2: (Strike if N.A.)		Name 2:			
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