

INS. CASE OWNER:

NORRAN

CC 4 / AIG 130 10501 / Kha3

LYK:

IDAC:

Surveyor:

Kenneth

DOI:

13-6-18

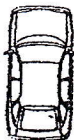
Date / Time:

7/6/18

Registered in Merimen:

8/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLE 9427A

Name of Insured:

CAR CORP LEBRON PLV

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A.:

25/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ranjana Amrita Kaur

Driver Tel No.:

92329495

(V/L: YES / NO)

Claim No.:

419224304856003

Policy No.:

31007220

Make / Model:

7-Ax10

Place of Accident:

Pendemeer Rd

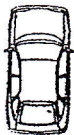
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGC924K



INSRS:

WSP:

2H Auto.

Tel:

Liability:

RMKS:



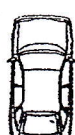
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

7/6/18

SGC924K

SLE 9427A

NBAI AIG 1809643 / Y : D.A. 25/8/18

TP VIDEO IN. V PRIME / VIC / SGC 924K

UPLOADED IN WORKSHOP

SPOKE TO OIO. CONFIRMED ACCIDENT

DETAILS. INSERTED TP CUT LANE. INFORMED

HUB OF TP CLAIM. SHE SAID SHE HAD

FOOTAGE & PROVIDED TO THE WORKSHOP

SEND LETTER IN EMAIL TO OIO TO

REQUEST VIDEO FOOTAGE.

OI VIDEO IN. SAME IN V PRIME / VIC / SLE 9427A

OI WITHIN LANE, TP CHANGED LANE.

UPLOADED IN WORKSHOP.

EMAIL TO MG FOR RESPONSE.

MG AGREED TO RESORT CLAIM.

EMAIL TO TP TO RESORT CLAIM.

TO CLOSE & SUBMIT WP REPORT.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill

Reject Case

By (staff):

Approved by:

Date:

Mandate/Reject Instruction:

LOD: 25/8/18

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: (Amount)

\$S

640.00

(2)

days

Reduction:

84

%

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:

\$S

—

Loss of Rental (LOR):

\$S

—

(days)

Loss of Use (LOU):

\$S

—

(\$ x days)

Loss of Income (LOI):

\$S

—

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$S

—

Medical:

\$S

—

Disbursement:

\$S

—

Legal Cost

\$S

—

Total:

\$S

—

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S

—

Name 1:

—

Payee 2: (Strike if N.A.)

\$S

—

Name 2:

—

Payee 3: (Strike if N.A.)

\$S

—

Name 3:

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$520.00

"RESORT TP CLAIM"