

INS. CASE OWNER: BENNIE TAN

CC 3, AIG 1900 1381, J f03

LKK:
IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 13/1/2019

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 1552228077SG

Policy No. : 0999994697

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SAB 1132R



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

AIG MAINTAIN 50/50 S BOTH VEHICLES CHANGED LANE
TP ACCEPTED OFFER. ALL DOCUMENTS IN ORDER.
TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 3,000.00 (4 days) Reduction: 46 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/04/2020 Confirm with LEE GEK

Email ☒ Call ☐

Final Liability: % 50% Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: \$3,000.00 S\$ 1,500.00

(AIG MAINTAIN 50/50)

Loss of Rental (LO) \$735.63 S\$ 367.81 (5.5 days) x \$133.75

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 \$7.00 S\$ 7.00

Medical: S\$ ---

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

Legal Cost S\$ ---

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00

Total: \$3,742.63 S\$ 1,874.81 Global Sum S\$: 1,870.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,870.00

Name 1: SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.) S\$ ---

Name 2: ---

Payee 3: (Strike if N.A.) S\$ ---

Name 3: ---

Surveyor Hwee Jie

ASSIGNMENT

From: _____ Date: 18/11/2019

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHB 1132Rat Workshop m/s SMRTof Woodlands Depot

Insured: _____

Policy No. _____

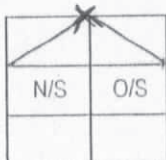
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 1132R Yr Regn: 10 Dec 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1797Colour: maroon A/C: Insured / Std / NI / NASp Reading: 450565 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN36U405753622Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRM / STD A/Rim orTyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 17/1/19 D.O.I. 18/1/19Survey held at SmrtDes. of Damages (Fit) Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

L/S \$3,000.00

(RED: \$2,550.00 / 46%)

01/19/2085

SLK3985M

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

) \$ + RS. SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$)

TOTAL