

15/5/2010

INS. CASE OWNER: JEREMY GOH

CC 6/AIG1901

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No



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
	SKJ 11K - X	Non-Reporting ltr (1st):	
	89105CD	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"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		ETA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

SETTLED. ALL DOCUMENTS IN ORDER.
TO CLOSE.

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 16,250.00	(4 days) Reduction: 31 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 21/04/2020	Confirm with: SHARON	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 50	(Agreed / assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost:	\$17,387.50	S\$ 8,693.75		(50/50)
Loss of Rental (LOR):	S\$ ---	(--- days)		
Loss of Use (LOU):	\$900.00	S\$ 450.00 (\$180 x 5 days)		
Loss of Income (LOI):	S\$ ---	(\$ --- x --- days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>		LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$2.00	S\$ 2.00		
Medical:	S\$ ---			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ ---		(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ ---			3) Survey fee: \$320.00
Total:	\$18,289.50	S\$ 9,145.75	Global Sum S\$: 9,145.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 9,145.00	Name 1:	OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$ ---	Name 2:	---	
Payee 3: (Strike if N.A.)	S\$ ---	Name 3:	---	

ASS. REC. BY:

REF:

AIG

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

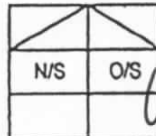
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKJ 11K Yr Regn: 11, 11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Rolls Royce Phantom c.c. 6592

Colour: M. Silver / Blue A/C: Insured / Std / NI / NA

Sp. Reading: 10843 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PCA664502AU1714803

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/50R19

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 7/7/19 D.O.I. 17/7/19

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

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

Date / Time

Action / Instruction

1 / File pass to

L/S \$16,250.00

(RED: \$7,346.50 / 31%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

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