

INS. CASE OWNER:

Norsiah

CC4/AIG19020947/Fha3

LKK:

IDAC:

Surveyor:

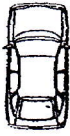
RAM

DOI: 26.11.2019

Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 2520L

Claim No. : 1845561607SG

Name of Insured : ONG CHOON KEAT

Policy No. : 1800062472

Insured Tel No. : HP: +65-90677345

Make / Model : HYUNDAI IONIQ HYBRID-1.6 GLS DCT (A)

Excess Sec II :\$ D.O.A : 25/11/2019 19:00

Place of Accident : CTE

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

If NO, Driver Name / Age :

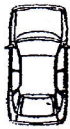
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHA 1841H

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKU 2520L - X	Non-Reporting ltr (1st):	
	SHA 1841H - CC4/III19007401/Gpa3; DOA :16.4.19	Non-Reporting ltr (2nd):	
	- CC3/III18020983/K1ga3q2; DOA: 18.11.18	Non-Reporting ltr (Final):	
	- PINKURSED	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI: 03/12/19 - vic	
03/12/19	- PLUS REQUIRED. OI REAR-ENDED TP.	Documentation Check List: Handler	Typist
	SEND LETTER & EMAIL TO OI TO	Notification ltr (if non-pickup)	☐
	NOTIFY TP CLAIM & NCD ISSUES.	After call ltr to OI:	☒
	SEND LETTER & EMAIL TO OI.	Authorisation To Act:	☒
	- ORIGINAL TP LOG IN.	Release Voucher:	☒
		Final Repair Bill:	☒
16/12/19	- UPLOAD IA IN WORKBOOK	Car Rental Invoice:	☒
09/01/20	- AIG APPROVED WARRANTY	Towing Invoice	☐
11/01/20	- SEND 3RD OFFER TO TP.	LTA / GIA :	☒
17/01/20	- EN IN. TP ACCEPTED OFFER.	Medical Bill:	☐
	- ALL DONE IN ORDER	PIR:	☐
	- TO CLOSE	Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:		Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	L16	\$S 1,500.00	(2 days) Reduction: 50 %	Email ☐	Call ☐	
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒	Call ☐	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/loss)	\$S	1,605.00	(OI REAR-ENDED TP)			
Loss of Rental (LOR):	\$S	250.00	(2 days) x 125.40			
Loss of Use (LOU):	\$S	-	(\$ x days)			
Loss of Income (LOI):	\$S	100.00	(\$ 50 x 2 days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S	7.49				
Medical:	\$S	-				
Disbursement:	\$S	-	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	\$S	-	2) Report Format:			
Total:			\$S 1,963.29	Global Sum \$S:	1,960.00	3) Survey fee: 2,070.00
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐	
Payee 1:	\$S	1,960.00	Name 1:	COMPTON ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	\$S	-	Name 2:	-		
Payee 3: (Strike if N.A.)	\$S	-	Name 3:	-		