

15/5/2010

INS. CASE OWNER:

CC3/AIG20013470/R1bs3

LKK:

IDAC:

Surveyor:

RASUL

DOI:

08/12/2020

Date / Time :

07/12/2020

Registered in Merimen:

07/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCG 238J

Claim No. : _____

Name of Insured : NG KOON KENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 04/12/2020

Place of Accident : _____

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. :

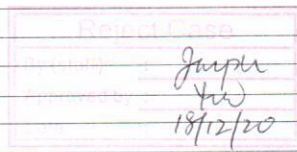
(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SGN 980P

INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGN 980P : X ; SCG 238J : X	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:	☐ ☐
17/12/2020	REJECT TP CLAIM		



PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time: 8,950.80	Confirm with: 81.76
Repair Cost: P/P	S\$ 0,000.55	(5 days) Reduction: 85.07 %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with
Final Liability:	% 0%	(Agreed / Assessed) BOLA S/N No. :	11a
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 + LC ☐			[Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with
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: **\$320.00**