

INS. CASE OWNER:

Bernard Ler

CC4/AIG19022355/Kda3

Re-opened Case

Surveyor:

KENNETH

DOI:

18/12/2019

Date / Time: 17/12/19

Registered in Merimen: 20/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 1694P

Claim No. :

Name of Insured : MR SITOH CHAO WEI

Policy No. :

Insured Tel No. : HP:

Make / Model : MAZDA 3-1.5 (A)

Excess Sec II :SS

D.O.A : 14/12/2019 16:35

Place of Accident : SERANGOON AVE 2 CARPARK NEAR BOUNDARY RD EXIT

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

If NO, Driver Name / Age : YEOW SOCK WAH

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

Driver Tel No. : +65-98621862

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLJ 4838D

INSRS:
WSP: ESTEEM PML
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
02-01-20	IN THE COURSE OF OVERTAKING TP VEHICLE WAS MOVING OFF FROM STATIONARY POSITION, THIS CAUSING THE COLLISION AS EVIDENCED BY CCTV FOOTAGE, TO REJECT TP CLAIM.	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:	
20-02-20	TO REASON OUT OUR GROUND OF REJECTION AND WOULD MAINTAIN OUR STAND.	After call ltr to OI:	
6/3/2020	FILE PMJ TO HMU TO CONT	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:	

06/04/2021

Pls refer to VIEWS for details.

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	P/P	\$5	4,210.35	(4 days) Reduction: 30 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT		Date/Time:	Confirm with:		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:	4,505.07	\$5	2,252.54			
Loss of Rental (LOU):	538.65	\$5	269.33	(7 days) x \$76.95		
Loss of Use (LOU):		\$5		(\$ x days)		
Loss of Income (LOI):		\$5		(\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$5	7.45				
Medical:	\$5					
Disbursement:	\$5		(e.g. Tow/ Independent)			
Legal Cost	\$5					
Total:	\$5	2,529.32	Global Sum \$5:	2,520.00	No Bill to AIG	
FINAL PAYMENT		Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$5	2,520.00	Name 1:	Esteem Performance Pte Ltd		
Payee 2: (Strike if N.A.)	\$5		Name 2:			
Payee 3: (Strike if N.A.)	\$5		Name 3:			