

INS. CASE OWNER:

Chee Heng

CC4/AIG1702

LKK:

IDAC:

Re-Open Case

Surveyor:

Raghu

DOI:

ASSIGNMENT

Date / Time:

24/10/19

Registered in Merimen:

24/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SF 9321C

Claim No.:

1965709510 SG

Name of Insured:

JUTHAR SINGH

Policy No.:

Insured Tel No.:

HP:

Make / Model:

AUDI A6 2.0 TFSI MU

Excess Sec II :S\$

D.O.A.:

19/10/19

Place of Accident:

AYE SLIP RD TO LAMAR DELTA RD

Is driver the owner?

(YES/NO)

Nature of Accident:

If NO, Driver Name / Age: MEENAKSHI SINGH

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

Driver Tel No.: 9125 0050

(V/A YES/NO)

Insured Liability: %

Final ? Yes / No

SKD 18385



INSRS:

WSP:

Tel:

Liability:

RMKS:

2A Automobile



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKD 18385 -X

STAGE

DATE / PIC

27/10/19

FILE PASS TO HT.

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:

31/11/19 3.15pm

Called OI, Mrs Meenakshi. Confirm to end TP. Inform TP claim. Agreed to settle above FICD issue.

29/3/19

File pass to show P1 to client

28/05/2021

Pls refer to Views for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum S\$ 3,600.00

( 8 days) Reduction: 56 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 25/08/2021

Confirm with: Winnie

Email ☒ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.: 12

If NO or B 28, Ass. Lia:

Repair Cost: w/GST

S\$ 3,852.00

Loss of Rental (LOR):

S\$

( days)

Loss of Use (LOU):

S\$ 480.00

(\$ 60 x 8 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$ 4,334.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

S\$ 4,334.00

Name 1:

3A Automobile Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

\*No Bill to AIG