

INS. CASE OWNER:

CC4/AIG21011241/Kra3

LKK:

IDAC:

Surveyor:

KENNETH

DOI: 03/11/2021

Date / Time : 03/11/2021

Pre-assign / CCU / FTE

Registered in Merimen: 03/11/2021



Insured Vehicle No. : GBK 4325E

Name of Insured GOLDBELL LEASING PTE LTD / DHL EXPRESS (S) PTE LTD

Claim No. :

Policy No. : 999993559

Insured Tel No. :

HP:

Make / Model :

Toyota HIACE VAN TURBO

Excess Sec II : S\$

D.O.A : 01/11/2021 12:05

Place of Accident :

FERNVALE ROAD BLK 438A

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TAN KOK CHYE

Driver Tel No. :

(V/L: YES / NO)

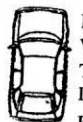
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SGU 9438T



INSRS:

WSP: CITY AUTO

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGU 9438T - X

GBK 4325E - X

STAGE

DATE / PIC

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:

06/01/2022

PLEASE REFER TO VIEWS FOR DETAILS

*SUBMIT REJECT AS PER AIG INSTRUCTION

Reject Case

By (staff):

Approved by:

Date:

Justin

Vw

06/12/22

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/SUM

S\$ 1,900.00

(4 days)

Reduction: 32

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

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 + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

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:

Email ☐ Call ☐

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: 320.00