15/5/2010

INS. CASE OWNER: ~~CC3/AIG20009669/Qka3~~

LKK:

IDAC:

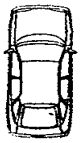
Re-opened Case

ASSIGNMENT CC3/AIG20009669/Qpa3q2-1

Surveyor: SUN PIN DOI: 7/9/2020 Date / Time : 7/9/2020

Registered in Merimen: 9/9/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 8500Y Claim No. : 1370451357SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

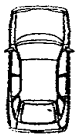
Excess Sec II :S$ D.O.A : 29/8/2020 17:45 Place of Accident : BS:44739 BLK 180 JELEBU RD

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

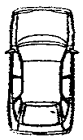
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

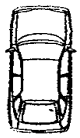
SG 5585J → → →



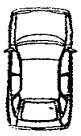
INSRS:
WSP: ~~SMRT~~
Tel :
Liability : Strides
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
			STAGE	**DATE / PIC**
	SG 5585J - X	SKM 8500Y - 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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 962 (1 days)	Reduction:1,415.84/60%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/06/2022	Confirm with Karen	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 962.00	S$ 481.00		AIG INSTRUCTED TO SUBMIT WP
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 450.00	S$ 225.00 ($ 300 x 1.5 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.00		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: ~~WP~~ TP
Legal Cost	S$		3) Survey fee: ~~$290~~ $320 - $290 = $30.00
Total:	**S$** 713.00	**Global Sum S$:** 700.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 700.00	Name 1:	SMRT BUSES LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		