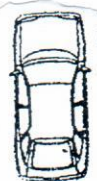
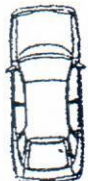


CASE OWNER: Kwee May | CC6 IAXA15003026 | 1th m3 03
 LKK: 17/12/15
 IDAC: 17/12/15
 Surveyor: Kenneth | DOI: 17/12/15 | Assg Date: 17/12/15
 Pre-assign / CCU / FTE: X KK5673H

Insured Vehicle No.: KK5673H
 Name of Insured: QUEK SHUN KEAT
 Insured Tel No.: 90661554
 Excess Sec II : SS
 D.O.A.: 12/1/15
 Claim No.: C0332129 Kwee May
 Policy No.: P1389830
 Make / Model: MET LANCIA 1.8 (A)
 Place of Accident: P16 TMS CHANGLI

Is driver the owner? (☒ YES / NO) Nature of Accident: _____
 If NO, Driver Name / Age: _____
 Driver Tel No.: _____
 OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 (V/L: ☒ YES / NO Insured Liability: _____ % Final ? Yes / No

 SJY 8524C INSRs: WSP: <u>MENG WHEE</u> Tel: Liability: RMKS:	 SKE 7728G INSRs: WSP: Tel: Liability: RMKS:	 INSRs: WSP: Tel: Liability: RMKS:	 INSRs: WSP: Tel: Liability: RMKS:
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Date / Time	STAGE	DATE / PIC
27/12/15	FOR CSO ONLY:	
27/12/15	Is driver the owner? (YES / NO)	
	If NO, Driver Name / Age :	
	Driver's Own Vehicle Number: Insurance Company:	
	<u>SJY 8524C - X</u>	
	<u>SKE 7728G - CS / OI 15003026 ; DIA 12/1/15</u>	
	<u>KK5673H - X</u>	
	<u>Request Police Report</u>	
20/1/16	<u>Pending police report. Haven't revert to AXA.</u>	
	<u>Send email to Kwee May.</u>	
22/1/16	<u>Meng whee will only purchase our report if we provide contact. (Meng whee is GIA registered w/sp. GIA will enquire them why engaged longer.)</u>	
	<u>FINALISED.</u>	
15/01/16 @ 12:14PM	<u>CALL OI. NO RESPONSE. FILE REVIEWED. OI INVOLVED IN A 3 VEH. C.C. & WAS THE LAST CAR IN REAR-ENDED TP.</u>	
	<u>EMAIL UTILITY CLERK.</u>	
	<u>PENDING TP LOD (CHASE THEM TO SUBMIT)</u>	
25-11-16	<u>IS BOLA APPLICABLE AS WE ARE LIABLE TO VEH. SJY 8524C WHERE DRIVER IS LIABLE TO 1ST VEHICLE SKE 7728G. SO TO EXPEDITE SETTLEMENT. DO NOT DELAY.</u>	
	<u>11/16,000.00 - MENG WHEE PROS MOTOR SERVICE</u>	
	<u>(3 VEH. C.C.; OI LAST)</u>	

FINAL SETTLEMENT	Date: 04/02/16	Confirm with: <u>IAN</u>
Repair Cost:	SS <u>14,500.00</u>	Final Liability: <u>100</u> % (Agreed / Assessed)
Loss of Rental:	SS <u>-</u> (<u>15</u> days)	BOLA S/N No.: <u>28</u>
Loss of Use:	SS <u>1,500.00</u> (\$ <u>100</u> x <u>15</u> days)	If NO or B 28, Ass. Lia: <u>100%</u>
Disbursement:	SS <u>-</u>	Format Type: <u>4360.00</u>
Total:	SS <u>16,000.00</u>	Global Sum: SS <u>-</u>

