

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1600

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

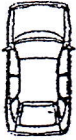
18/5/16

Date / Time:

18/5/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GW 4965K

Name of Insured:

CHANG SEAFOOD TRADING.

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

17/5/16

Is driver the owner?

(YES (NO))

Nature of Accident:

If NO, Driver Name / Age:

WONG YOB FATT

Driver Tel No.:

93677088

(V/L: YES / NO)

Claim No.:

SNM160021971002

Policy No.:

DMCVSR3005951600

Make / Model:

NISSAN

Place of Accident:

OUTRAM RD TND5 TIONG BAHRY.

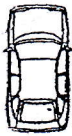
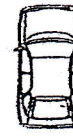
OI GIA REPORT (YES / NO) ; TP GIA REPORT: (YES / NO)

Insured Liability:

%

Final ? Yes / No

SHD 97810

INSRS:
WSP:
Tel:
Liability:
RMKS:trans
cabINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
23/5/16	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:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

SHD 97810 - CC3 / CTI160021971002 / E263 DPA: 17/4/16
GW 4965K - Y

20/7/16 call 022. Inquire about the claim.
begin the accident. He said TP suddenly made a right turn to go into the Holiday Inn. So, she would not avoid the accident. letter out. KLY.

10-04-10 BASED ON THE POINT OF IMPACT WITH DAMAGE PROFILE, I BELIEVE 91'S VERSION IS CREDIBLE. TO ASK 91'S COUNTER CLAIM BEFORE REJECTING TP CLAIM.

29/07/19
11/09/19
12/09/19

FINISHED.
- TP LOD IN BY EMAIL
- TP REPORT FOR UNINSURED APPROVAL
- REPORT DONE. SEEK MANDATE
- CTI INSTRUCTED TO RESORT CLAIM. OF CLAIM.

Reject Case
By (staff) : VIC
Approved by : YU
Date : 13/09/19

PRELIMINARY ADVICE Date/Time: 20/05/16 Sent By: b3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$5415.43	(6 days) Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No.:	n/l
Repair Cost:	\$5		
Loss of Rental (LOR):	\$5	(days) x \$120.40	
Loss of Use (LOU):	\$5	(\$ x days)	
Loss of Income (LOI):	\$5	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐		[Tick only one]	
GIA/LTA Search \$6.00	\$6.00		
Medical:	\$5		
Disbursement:	\$5	(e.g. Tow/ Independent)	
Legal Cost	\$5		
Total:	\$5	Global Sum \$5:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$5	Name 1: CHANG CHIA HONG	
Payee 2: (Strike if N.A.)	\$5	Name 2:	
Payee 3: (Strike if N.A.)	\$5	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00

TP REPORT TO CLAIM OI CLAIMS AGAINST TP SUCCESSFULLY