

15/5/2010

INS: CASE OWNER:

Kumar

CCH/AIG160

10792, AWP

LKK:

IDAC:

AIG 80

Surveyor:

Adrian

DOI:

ASSIGNMENT

13/6/16

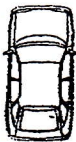
Date / Time:

10/6/16

Registered in Merimen:

10/6/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

5 JX 80045

Claim No.:

865333711054

Name of Insured:

Oceannison Pto Hd.

Policy No.:

Insured Tel No.:

HP:

96640641

Make / Model:

Audi Q7-3.6 P31 Quattro S-line

Excess Sec II :SS

D.O.A.:

9/6/16

Place of Accident:

East coast parkway East Borneo near Parkway Parade

Is driver the owner?

(YES NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Igm Johnson

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

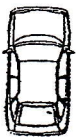
PB1

SBE 813E

5 JX 80045

59W 5954K

SHD1899B



INSRS:

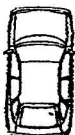
WSP:

Tel:

Liability:

01

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

TP

N-51



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

14/6/16

VLC

59W 5954K - NA/INC 1601075013 004 9/6/16
5 JX 80045 - NA/INC 1601075013 004 9/6/16

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:

21/01/16 @ 10:38AM

SPOKE TO 01 MR IAN @ 96640641.
HE CONFIRMED ACCIDENT DETAILS & REAR
ENDED TP IN C.C. INFORMED TP CLAIMS
& MCD ISSUES.
SENT LETTER TO 01. FILE PASS TO QA.

12/08/16

- EMAIL CAPACITY CHECK.
- PENDING FINANCIAL

13-11-17

TO EXPEDITE PROCESS OF SETTLEMENT.
- FINANCIAL.

22/06/18

- TP UNKNOWN. NO TP LOD IN YET.
- EMAIL TO HQ TO TRUMP. CLOSE
CASE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$

9,000.00

(. 21 days)

Reduction:

73

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

S\$

100

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

28

If NO or B 28, Ass. Lia: 01

Repair Cost:

S\$

-

(5 VEH.

C.C, 01 4th VEH.)

Loss of Rental (LOR):

S\$

-

(\$ x 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\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

9320.00

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

-

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-