

2774

15/2016

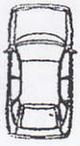
INS. CASE OWNER:

Chue Heng CC6 /AIG1701 3850, vngz.

LKK:
IDAC:

Surveyor: CPS DOI: 01/1/17 Date / Time: 18/7/17
Registered in Merimen: 18/7/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN8403C Claim No. : 50687563356
Name of Insured : Tan Chye Hyat Holding PL. Policy No. :
Insured Tel No. : HP: 91080845 Make / Model :
Excess Sec II :SS D.O.A : 16/7/17 Place of Accident : bedok central
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

SLP4194 X



INSRS:
WSP:
Tel : Stytech
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
<u>21/7/17</u>	Non-Reporting ltr (1st):	
<u>21/7/17</u>	Non-Reporting ltr (2nd):	
<u>21/7/17</u>	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
<u>21/9/17 11:45</u>	After call ltr to OI:	<u>THIN By Email 27/9</u>
	Documentation Check List:	Handler Typist
<u>26-10-18</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	<u>PIP</u>	<u>S\$ 1358.62</u>	(<u>2</u> days) Reduction: <u>50</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>25/7/2017</u>	Confirm with <u>Winston</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>W/17</u>	<u>S\$ 1453.72</u>		
Loss of Rental (LOR):	S\$	(<u> </u> days)		
Loss of Use (LOU):	S\$ <u>1W-W</u>	(\$ <u>50</u> x <u>2</u> days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ <u>5.35</u>			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/Independent)		
Legal Cost	S\$			
Total:	S\$ <u>1579.07</u>	Global Sum S\$: <u>1470.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>1470.00</u>	Name 1: <u>Stytech Auto Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

500 hyat
18/3/19