

INS. CASE OWNER:

CC 3 / EQ1702 2695, T1 Wb397

LKK:

IDAC:

Surveyor:

TANJUNGH

DOI:

23/11/17

Date / Time:

23/11/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YN 674XH

Name of Insured:

MYN FOODS PIV

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

20/11/17

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SATHIAMBORTHU RAGKUMAR

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

DM TH002609

Policy No.:

DMCPH017-006162

Make / Model:

ISH 2N

Place of Accident:

LANTONMENT RD NEAR

PINNICKES

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

Insured Liability:

%

Final ? Yes / No

SLN 81AP



INSRS:

WSP:

Tel:

Liability:

RMKS:

performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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: 23/11/17 - vic email only

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: email

Authorisation To Act:

Release Voucher: NO BV

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

23/11/17

SLN 81AP - X

YN 674XH - X

VIC
23/11/17 e
2:40PMCALL OWN. NO RESPONSE. FIVE REVIEWED.
OWN REPAIR-ENDED TP. SEND EMAIL TO OI
TO NOTIFY TP CLAIM IN NCD ISSUES.

EMAIL LIABILITY CLEAR

@ 2:50PM
17/02/18FINALIZED. OI CALLED IN.
TYPE REPORT WHILE TENDING TP LOD

REPORT DONE.

ORIGINAL TP LOD IN.

02/02/18

GOOD WORKING APPROVAL TO EQ BY

EMAIL.

EQ APPROVED WORKING.

CONFIRMED AMOUNT SHIP AS LOD.

NO BV REQUIRED.

ALL DOCS IN ORDER

TO CLOSE.

PRELIMINARY ADVICE

Date/Time: 23/11/17

Sent By: BS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PIP

S\$ 12,116.24 (8 days) Reduction:

AS %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost: (W/Loss)

S\$ 12,964.38

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

400.00

x 8 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOI only

LOU only

LOR + LOU

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

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GIA/LTA Search

S\$

2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Total Cost

S\$

-

Total:

S\$

13,446.38

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Party 1:

S\$

13,446.38

Name 1:

PERFORMANCE MOTORS LIMITED

Party 2: (Strike if N.A.)

S\$

-

Name 2:

-

Party 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00