

15/5/2010

INS. CASE OWNER:

Janet

CC 3 / EQ11702 *2769, F2 W63*

LKK:
IDAC:

Surveyor:

Falvin

DOI:

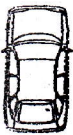
WLFU

Date / Time:

24/11/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SET 25035

Claim No. :

DM17H002656/0T

Name of Insured :

PAK KIM SAN

Policy No. :

PMPPH04-018532

Insured Tel No. :

HP:

Make / Model :

MAZDA

Excess Sec II :\$

D.O.A :

24/11/17

Place of Accident :

*Semikam West Rd SLP Rd TWD
410 LHA KANDU*

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

BAM KHUSHKEM

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHA 94694



INSRS:

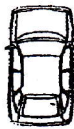
WSP:

Tel :

Liability :

RMKS:

*WBE
M*



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time		STAGE	DATE / PIC
<i>20/11/18</i>	<i>SHA 94694 - x SET 25035 - x</i>	Non-Reporting ltr (1st):	
	<i>- FINISHED - OKANAL TP LOD IN.</i>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI: <i>26/1/19 254</i>	
		After call ltr to OI: <i>29/10/18 - VIC</i>	
<i>26/1/19 37 hrs :</i>	<i>Spoke to OI, Mr PAK KIM SAN & BROSU9489 agreed to settled on TP claims. aware of NLP issue. will sent out letter. Also spoke to old A (500hr) (26/1/19) informed him of what explained to OI. will sent letter.</i>	Documentation Check List: Handler	Typist
	<i>29/10/18</i>	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher: <i>NO DV</i>	<input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: *27/11/17* Sent By: *TM*

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: *HS* S\$ *1,950.00* (*4* days) Reduction: *63* % Email Call

FINAL SETTLEMENT Date/Time: *29/10/18* Confirm with: *STW* Email Call

Final Liability: % *100* (Agreed / Assessed) BOLA S/N No. : *27* If NO or B 28, Ass. Lia : *LOD REPR - ENDED TP*

Repair Cost: *COU/GST* S\$ *2,086.50*

Loss of Rental (LOR): S\$ *127.24* (*4* days) x \$ *106.81*

Loss of Use (LOU): S\$ *200.00* (\$ *50* x *4* days)

Loss of Income (LOI): S\$ *-* (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ *5.35*

Medical: S\$ *-* 1) Claim status: *Normal*/Reject/Private Settle

Disbursement: S\$ *-* (e.g. Tow/Independent) 2) Report Format:

Legal Cost S\$ *-* 3) Survey fee: *\$ 100.00*

Total: S\$ *2,719.09* Global Sum S\$: *2,710.00*

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ *2,710.00* Name 1: *COMFORT DELGRO ENGINEERING PTE LTD*

Payee 2: (Strike if N.A.) S\$ *-* Name 2: *-*

Payee 3: (Strike if N.A.) S\$ *-* Name 3: *-*