

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1702

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

27/11/14

Date / Time:

27/11/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLG 8240S

Name of Insured:

ONG THOM HAT

Insured Tel No.:

HP:

91680069

Excess Sec II :S\$

D.O.A.:

27/11/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SNMAD0687202/01/14/15

Policy No.:

DMPCSN3 075721100

Make / Model:

TOYOTA

Place of Accident:

TAN TON SONH HOSPITAL ALE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHD 3269G



INSRS:

WSP:

Tel:

Liability:

RMKS:

UNITE
W.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

DATE / PIC

STAGE

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

3/1/18 > Siti Hana.

After call ltr to OI:

Vince

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:

03/01/18 10:57 am - Call OI, Mr Ong, 91680069 no response.

04/01/18 - send letter to OI.

05/01/18 9:48 - called OI, but no response.

11/1/18 - 1724 hrs - spoke to OI Mr Ong 91680069 aware of NCB
issue agreed to settled on TP claims - already
received letter yesterday (10/1/18)
Below disk attached.

27/02/18 - send 1st offer to TP.

28/02/18 - received ORIG. DV. TP ACCEPTED
OFFER.

All docs in order. to close.

PRELIMINARY ADVICE

Date/Time:

27/11/14

Sent By:

Phu

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

635.00

(2)

days) Reduction:

6

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/02/18

Confirm with:

Whitney

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

24

If NO or B 28, Ass. Lia:

COI REVERSED TO PARKS

Repair Cost: (w/65%)

SS

679.15

Loss of Rental (LOR):

SS

250.00

(2)

days) X \$125.00

Loss of Use (LOU):

SS

100.00

(\$ 80

x 2

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

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GIA/LTA Search

SS

5.35

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS

1,034.00

Global Sum S\$:

1,030.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,030.00

Name 1:

COMFORT DELIRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00