

INS. CASE OWNER: Shawn

CC 4/AIG17023304 / R1/KAS

LKK:

IDAC:

Surveyor:

RASUL

DOI:

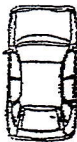
07/12/17

Date / Time:

07/12/17

Pre-assign / CCU / FTE

Registered in Merimen:

07/12/17

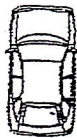
Insured Vehicle No. : SBU 188H
 Name of Insured : LOW KHEE WEE BERNARD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : S\$ _____ D.O.A. : 30/11/17
 Is driver the owner? (YES) / NO) Nature of Accident : _____

Claim No. : 0610205526 SG
 Policy No. : 2100471709
 Make / Model : TOYOTA PRIUS
 Place of Accident : YIO CAU KANG ROAD

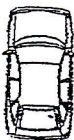
If NO, Driver Name / Age:

Driver Tel No. : 9665 0772(V/L YES / NO)OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO

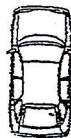
Insured Liability : % Final ? Yes / No

FT 81842

INSRS:
WSP: SG 98
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>FT 81842 - X</u>	Non-Reporting ltr (1st):	
	<u>SBU 188H - CS/TMI/SD19270/Right 2 D.O.A: 11/11/15</u>	Non-Reporting ltr (2nd):	
<u>11/12/17 (THU THAI)</u>		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>28/12/17</u>	<u>Called OI, busy tone.</u>	Call OI:	
		After call ltr to OI: <u>> THIN</u>	
<u>28/12/17 @ 4:03</u>	<u>Spoke to OI, he confirmed the accident details. Informed TP claim and he agree to settle TP claim.</u>	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☒
<u>21/10/16</u>	<u>TP Accruals Order.</u>	After call ltr to OI:	☒
<u>02/11/16</u>	<u>All docs in order.</u>	Authorisation To Act:	☒
	<u>to close.</u>	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:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	<u>46</u>	S\$ <u>2,300.00</u>	(<u>4</u> days) Reduction: <u>58</u> %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	%	<u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	<u>2,300.00</u>		
Loss of Rental (LOR):	S\$	<u>—</u>	(<u>—</u> days)	
Loss of Use (LOU):	S\$	<u>120.00</u>	<u>50</u> x <u>4</u> days)	
Loss of Income (LOI):	S\$	<u>—</u>	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$	<u>—</u>		
Medical:	S\$	<u>—</u>		
Disbursement:	S\$	<u>—</u>	(e.g. Tow/ Independent)	
Legal Cost	S\$	<u>—</u>		
Total:	S\$	<u>2,420.00</u>	Global Sum S\$: <u>2,400.00</u>	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$	<u>2,400.00</u>	Name 1: <u>SG 98 MOTOR PRT LTD</u>	
Payee 2: (Strike if N.A.)	S\$	<u>—</u>	Name 2:	
Payee 3: (Strike if N.A.)	S\$	<u>—</u>	Name 3:	

1) Claim status: Normal / Reject / Private Settle
 2) Report Format:
 3) Survey fee: 4320.00