

15/5/2010

INS. CASE OWNER: Ernest

CC 4/AXA170 23389

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

30/11/17

Date / Time:

08/12/17

Registered in Merimen:

07/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 7462L

Claim No. : C0461267

Name of Insured : MAHMOODUL HASAN S/O HAFIZ ABDUL

Policy No. : GA 086453

Insured Tel No. : HP: 96405794

Make / Model : SUBARU IMPREZA - 1.5 RANXIA

Excess Sec II : S\$ / D.O.A : 30/11/17

Place of Accident : ALONG SIDE MARINA VIEW

Is driver the owner? (YES / NO) Nature of Accident :

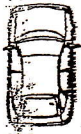
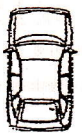
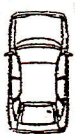
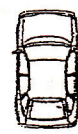
If NO, Driver Name / Age : SHABANA BINTE MAHMOODUL HASAN

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

Driver Tel No. : 9640 5794 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PC 4536P

INSRS:
WSP: New Hock Teck
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time		STAGE	DATE / PIC
23/10/18 (THURSDAY)	PC 4536P - X ; SJN 7462L - X * Please engage insured/driver to confirm liability.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI: 30/10/18 - email	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☐
		After call ltr to OI: email	☒
		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:	☐

PRELIMINARY ADVICE Date/Time: 25/10/18 Sent By: Shirley Hsu

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L\$	S\$ 2,100.00 (5 days)	Reduction: 81 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 18	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,100.00		(LOW CHARGED CASE)
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 600.00 (\$100 x 6 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: \$350.00
Total:	S\$ 3,005.35	Global Sum S\$: 3,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 3,000.00	Name 1: NEW HOCK TECK MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	