

INS CASE OWNER:

Rashed

CC 3 / AIG17023551 / K1ha3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

11/12/17

Date / Time:

11/12/17

Registered in Merimen:

12/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLM 2378L

Claim No.:

87908010375G

Name of Insured:

ONG ENG HOE

Policy No.:

2100504613

Insured Tel No.:

HP: 9191 6171

Make / Model:

SUBARU FORESTER - 2.0 XT AWD

Excess Sec II :SS

D.O.A: 09/12/17

Place of Accident:

CUT LA
PIE EUNOS

Is driver the owner?

(YES / NO)

Nature of Accident:

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

SHC 8447G

GY 700/L

STQ 17522

SLM 2378L

SHA 2846M



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

COGE (Coyang)

Date/Time

SHA 2846M - NS/INC12024630/H190 DOA: 20/12/12
SLM 2378L - X

STAGE

DATE / PIC

20/12/17 (v.c)

PS 28, OI 2ND VEH. (5 VEH CC)
OI TO AMEND TIME OF ACC.
& LABEL SKETCH.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

21-12-17 @

942 AM CALLED 3X, NO. NOT IN VUE

Documentation Check List: Handler

Typist

21-12-17 @

534 PM CALLED, RANG, NO. INCOMPLETE

Notification ltr (if non-pickup)

22-12-17 @

253 PM SPOKE TO OI, HE
CONFIRMED ACC. DETAILS
AGREED TO SETTLE &
AWARE NCD ISSUE.

After call ltr to OI: (PUNU)

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: TP 90000 PHOTOS

22/12/17

- FINALISED.
- ORIGINAL TP LOD IN.
- 90000 1st OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.
- TO CLOSURE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

SS 2,108.38

(2 days)

Reduction:

41 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

% 100

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

28

If NO or B 28, Ass. Lia:

09.

Repair Cost: (W/LST)

SS 2,255.97

(5 VEH. C.O.; OI 2ND CAR)

Loss of Rental (LOR):

SS 375.00

(3 days)

X 125.00

Loss of Use (LOU):

SS 150.00

(\$ 50 x 3 days)

Loss of Income (LOI):

SS -

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

SS 5.35

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/Independent)

Legal Cost

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

SS 2,786.32

Global Sum SS:

2,780.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 2,780.00

Name 1:

COMFORTDRUGS ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

Payee 3: (Strike if N.A.)

SS -

Name 3: