

15/5/2010

INS. CASE OWNER:

JOEL
Elaine

CC 3 / EQ1170 23823 / G h 23

LAA
FIC

Surveyor:

XGQ

DOI:

08/01/18

Date / Time:

15/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

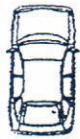


Insured Vehicle No. : YL 9338H
 Name of Insured : MAY TAT PLASTICS PTE LTD
 Insured Tel No. : 6748 0616 HP: _____
 Excess Sec II : SS _____ D.O.A. : 14/12/17
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : DM17H002901-3G
 Policy No. : DMCPHQ17-000451
 Make / Model : MITSUBISHI CANTER - 3.00
 Place of Accident : FEB21 BR43 DEB (CBU) UM
DEFU LANE 10

If NO, Driver Name / Age: OH KONG YEWOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : 9264 6281(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLR 156Y

INSRS:
WSP: Performance (Alexandra)
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date / Time

26/12/17 (V.L.)SLR 156Y - X ; YL 9338H - X

STAGE DATE / PIC

28/12/17

PHO ROUWUWA. OLD HFC PARKED TP.
EMAIL CHAIRMAN CLERK

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

After call ltr to OI:

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:

@ 1:55PM

GROUP TO OI HFC W/ ALISON. SHE CONFIRMED
ACCIDENT DETAILS W/ OLD ROUWUWA W/
HFC PARKED TP. INFORMED TP CLAIM.
AGREED TO SETTLE W/ AWARD NCD 100%.
SEND LETTER BY EMAIL.

01/02/18

PINKUWA.
TYPE REPORT WHILE PENDING TP LOD
REPORT DONE.

05/01/18
06/01/18

ORIGINAL TP LOD IN.
SEEK WARRANTS APPROVAL BY EMAIL
BA APPROVED WARRANTS.
CONFIRMED AMOUNT SAME AS LOD.
NO DV REQUIRED.
ALL PDCS IN ORDER.
TO CLOSE.

PRELIMINARY ADVICE Date/Time: 12/01/18Sent By: 03

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/PS\$ 14,970.65 (6 days) Reduction: 2A %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : WU

If NO or B 28, Ass. Lia :

Repair Cost: (W/last)S\$ 16,018.60OLD ROUWUWA W/ HFCLoss of Rental (LOR): (W/last)S\$ 1,155.60 (7 days) X 154.28PARKED TP)

Loss of Use (LOU):

S\$ — (\$ x days)

Loss of Income (LOI):

S\$ — (\$ x days)LOR only ☒ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ —

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ —

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ —

3) Survey fee:

\$450.00

Total:

S\$ 17,176.20

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 17,176.20

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

S\$ —

Name 2:

Payee 3: (Strike if N.A.)

S\$ —

Name 3: