

15/5/2010

INS. CASE OWNER:

SHAWN

CC 3 /AIG1702

4624 / T. 163

LKK:

IDAC:

Surveyor:

TAUFIKH

DOI:

16/01/18

Date / Time :

28/12/17

Registered in Merimen:

28/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SBG 676P

Claim No. :

74012548714

Name of Insured :

TAN TAN HAN, MUHAMMAD MUHAMMAD

Policy No. :

20049576-0000

Insured Tel No. :

HP:

Make / Model :

Andi

Excess Sec II :S\$

D.O.A :

27/12/17

Place of Accident :

NORTH LAMAR RD TNS

MERIMAN RD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

VANESSA MYNA YOW YUEN LING

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SBW 82992



INSRS:

WSP:

Tel :

Liability :

RMKS:

Performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

DATE / PIC

11/18
vic

SBW 82992 - x

SBG 676P - y

- MURKED.

STAGE

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

> 02/1/18 - Sth Hwa

After call ltr to OI:

vic 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:

> 02/1/18 - Sth Hwa

vic 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PIP

S\$ 3,804.95 (3 days)

Reduction: 23 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

08/02/18

Confirm with:

CAROLINE

Email ☐ Call ☐

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia :

COID REPAIR - UNDEVELOPED TP

Repair Cost:

(w/65%)

S\$

4,071.30

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

200.00 (\$100 x 3 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\$

34.00

Disbursement:

S\$

-

(e.g. Tow/Independent)

Legal Cost

S\$

-

Total:

S\$

4,407.30

Global Sum S\$: -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

4,073.30

Name 1:

PERFORMANCE MOTORS LTD

Payee 2: (Strike if N.A.)

S\$

334.00

Name 2:

JEFFREY MOHAMMAD ALI

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-