

INS. CASE OWNER:

Jaclyn

CC 3 / AIG18000019

1 K1h3

LKK:

DAC:

Surveyor:

KALVIN

DOI:

29/12/17

Date / Time:

29/12/17

Registered in Merimen:

02/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SVJ 3482M

Name of Insured:

TAN KENG KOK

Insured Tel No.:

HP: 9297 7075

Excess Sec II :SS

D.O.A: 28/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

304057638759

Policy No.:

2100187191

Make / Model:

MERCEDES-BENZ E250 CDI

Place of Accident:

COUPE  
UPP SERANGOON ROAD

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

SHA 4766Y



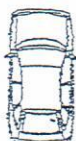
INSRS:

WSP: OGE (Loyers)

Tel:

Liability:

RMKS:



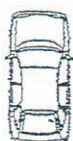
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 4766Y - CC3/AIG11019728/HIS-1g2 DOA: 23/09/11  
 - CC3/AIG13004381/mig283y DOA: 02/03/13  
 - CF/AIG07004030/gw DOA: 09/11/07  
 - NATVIC14220249/44 DOA: 22/09/14  
 SVJ 3482M - CC3/AIG11025736/Nyln DOA: 14/12/11  
 - CC3/AIG11026922/Ry1c DOA: 22/12/11  
 - CC3/AIG11000057/Ky282 DOA: 24/12/15

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

1,109.84

( 2

days) Reduction:

9

%

Email

Call

FINAL SETTLEMENT

Date/Time:

09/01/18

Confirm with:

COCINA

Email

Call

Final Liability:

%

100

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

15

If NO or B 28, Ass. Lia:

Repair Cost:

C/L (GTD)

SS

1,187.53

Loss of Rental (LOR):

SS

187.50

( 1.5

days) X

675.00

Loss of Use (LOU):

SS

75.00

(\$ 50

x 1.5

days)

Loss of Income (LOI):

SS

—

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

—

Disbursement:

SS

—

Legal Cost

SS

—

Total:

SS

1,457.82

Global Sum SS:

1,450.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,450.00

Name 1:

COMFORTABLE ENGINEERING PTE LTD

Payee 2 (Strike if N.A.):

SS

—

Name 2:

—

Payee 3 (Strike if N.A.):

SS

—

Name 3:

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

8320.00