

15/5/2010

INS. CASE OWNER:

Sherin

CC 3 / III1800 223 / KH33

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

03/01/18

Date / Time:

03/01/18

Registered in Merimen:

04/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 89729

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

30/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: TAN ENG CHUAN

Driver Tel No.:

(V/L) YES / NO

Claim No.:

MOT17121037

Policy No.:

MC040016

Make / Model:

HYUNDAI I40

Place of Accident:

AIRPORT BLVD IN THE DIRECTION
TOWARDS AIRPORT T-2

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

Insured Liability:

%

Final ? Yes / No

SHC 6811B

SHC 89729

SHD 396S



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP: Trans-CBLAM

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
05/01/18 (vic)	SHC 396S - CC3/AIG10009851/DnH2K2 DOA: 22/01/18 SHC 89729 - CC3/TE16012470/WHSC2 DOA: 22/01/18 * Please verify date & time of the accident.	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
25/01/18	FILE REVIEWED. OLD INVOLVED IN 3 DMH. C.C.; OLD 2ND CAR. MIDNIGHT CASE. GIVEN LIABILITY WARRANTS - IN AGREED B/LG. FOR BULK SETTLEMENT	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: ☐ ☐
05/01/18	STW e TO. SETTLED. ORIG. TP LOD IN.	
03/05/18	TYPE REPORT FOR WARRANT REPORT DONE	
01/06/18	GIVEN WARRANTS TO M BY WATSON	
04/06/18	M APPROVED WARRANTS. LOI SETTLED ON TPB.	
06/06/18	GIVEN DOT OFFER TO TP.	
12/06/18	TP ACCEPTED OFFER. ALL DOCS IN ORDER.	
PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:		
- TO CLOSE.		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: R/P	SS 3,034.34 (2 days) Reduction: 93 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Confirm by:		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28	Email ☒ Call ☐
Repair Cost: CULGOT	SS 3,246.74	If NO or B 28, Ass. Lia: 0% (3 DMH - C.C.; OLD 2ND)
Loss of Rental (LOR):	SS 634.44 (6 days) x 105.74	
Loss of Use (LOU):	SS 240.00 x 6 days (101 - NTUC)	
Loss of Income (LOI):	SS (S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	SS -	
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/ Independent)	
Legal Cost	SS -	
Total:	SS 3,881.18 Global Sum SS: -	
FINAL PAYMENT Date/Time: Confirm with: Confirm by:		
Payee 1:	SS 3,881.18 Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	SS - Name 2: -	
Payee 3: (Strike if N.A.)	SS - Name 3: -	