

15/5/2010

INS. CASE OWNER:

ming Yao

CC 6 / AIG18000420 / UPS3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

08/01/18

Date / Time:

08/01/18

Registered in Merimen:

08/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLH 9471E

Claim No.:

6153378303SG

Name of Insured:

ABDUL SAMAD BIN OK MOHAMED
HANIFFA

Policy No.:

2100490064

Insured Tel No.:

HP: 9819 6616

Make / Model:

Excess Sec II :SS

D.O.A: 03/01/18

Place of Accident:

Is driver the owner?

(YES) (NO)

Nature of Accident:

If NO, Driver Name / Age:

Chinniah Krishnan

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

Driver Tel No.:

90226473

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

G86466D



INSRS:

WSP: VAX

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
11/01/18 (HT)	G86 466D -X ; SLH 9471E -X * OI NR - SEND FIRST LETTER TO OI.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	12/01/18 16/01/18
		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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	818	SS 368.74 (2 days) Reduction: \$70 / 16%	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Final Liability:	100	% 50 (Agreed / Assessed) BOLA S/N No.:	9(e)
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Repair Cost:	894.55	SS 197.28	
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Loss of Rental (LOR):	SS	() days	
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Loss of Use (LOU):	120	SS 60 x 2 days	
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Loss of Income (LOI):	SS	() x days	
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
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GIA/LTA Search	7.45	SS 7.45	
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Medical:	SS		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	SS	(e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	SS		3) Survey fee: \$320 + \$2.54
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Total:	522	SS 264.73	Global Sum SS: 257.00
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	SS	257.00	Name 1: VEIX AUTO SERVICE PTE LTD
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Payee 2: (Strike if N.A.)	SS		Name 2:
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Payee 3: (Strike if N.A.)	SS		Name 3:
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