

13/5/2010

INS. CASE OWNER:

CC 4 / AXA 180 00559 / DHQ3

LKK:

IDAC:

Surveyor:

Bryan

DOI:

08/01/17

Date / Time:

18/01/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKP 8083T

Claim No.:

S8m006mv

Name of Insured:

Lee Wan Cherry

Policy No.:

P1971093

Insured Tel No.:

HP:

987846

Make / Model:

Suzuki Swift

Excess Sec II :\$S

D.O.A.:

30/12/17

Place of Accident:

KUNNEY Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

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

SHC 1160D



INSRS:

WSP: COVE (Layang)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

8/1/17
VC

SHC 1160D - CC3/AXA 1005398/H16/C392 DA: 2/1/17
 - CS/ECT 17004750/Agh3m2 DA: 05/03/17
 - NS/ENC 10002769/17 DA: 07/02/17
 - NS/ENC 10018809/17 DA: 19/04/17

SKP 8083T - X
 - TO GOR

7/6/17 kalim called. informed who would like to purchase independent report. file pass to VC.

28/1/17 who agree to o/s.

8/1/17 To - To proceed o/s.

11/01/17
 - ORIGINAL TP LOD IN.
 - REQUEST TP VIDEO FOOTAGE
 - TP VIDEO IN. V PRIME/11/01/17 SHC 1160D
 - UPLOADED IN SHC 1160D

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:

PIP

SS

744.87

(2 days)

Reduction:

64

%

FINAL SETTLEMENT

Date/Time:

11/01/17

Confirm with:

w/ VC

Email:

Cal:

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

Repair Cost:

w/ VC

SS

797.01

Loss of Rental (LOR):

SS

752.40

(6 days)

x 125.40

Loss of Use (LOU):

SS

300.00

50 x

6 days

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

1,856.90

Global Sum SS:

1,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email:

Cal:

Payee 1:

SS

1,800.00

Name 1:

COMFORTSILVER ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

c1/2

