

15/5/2010

INS. CASE OWNER:

CC 3/AIG1800

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

10/1/18

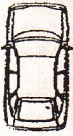
Date / Time:

10/1/18

Registered in Merimen:

11/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKR 7333T

Name of Insured:

MALIK SUMU

Insured Tel No.:

HP:

94762970

Excess Sec II :\$

D.O.A:

08/01/18

Is driver the owner?

(YES) / NO

Nature of Accident:

Claim No.:

47777898757

Policy No.:

70040476-0000

Make / Model:

MITSUBISHI

Place of Accident:

ORIMARO RD &amp; Dyalam RD

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) YES / NO

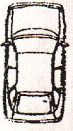
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHC 5369T



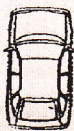
INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans  
Cab

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date / Time         |                                                                                                                   | STAGE                                | DATE / PIC                          |
|---------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| 15/1/18             | SHC 5369T -x                                                                                                      | Non-Reporting ltr (1st):             |                                     |
|                     |                                                                                                                   | Non-Reporting ltr (2nd):             |                                     |
|                     |                                                                                                                   | Non-Reporting ltr (Final):           |                                     |
|                     |                                                                                                                   | Notification ltr (if non-pickup):    |                                     |
|                     |                                                                                                                   | Call OI: 15/1/18 7:51 PM             |                                     |
|                     |                                                                                                                   | After call ltr to OI: 19/01/18 - vic |                                     |
| 15/1/18 @ 12:33 PM: | called OI, Mr Malik, 94762970 but no respond -                                                                    | Documentation Check List:            | Handler Typist                      |
| 15/1/18 @ 13:45:    | returned called from OI wife Mrs Malik - agreed to settled on TP claims. Aware of NED issue. will sent out letter | Notification ltr (if non-pickup)     | <input type="checkbox"/>            |
|                     |                                                                                                                   | After call ltr to OI:                | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Authorisation To Act:                | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Release Voucher:                     | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Final Repair Bill:                   | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Car Rental Invoice:                  | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Towing Invoice:                      | <input type="checkbox"/>            |
|                     |                                                                                                                   | LTA / GIA:                           | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Medical Bill:                        | <input type="checkbox"/>            |
|                     |                                                                                                                   | PIR:                                 | <input type="checkbox"/>            |
|                     |                                                                                                                   | Mandate/Reject Instruction:          | <input type="checkbox"/>            |
|                     |                                                                                                                   | LOD:                                 | <input checked="" type="checkbox"/> |
|                     |                                                                                                                   | Payment Breakdown Form:              | <input type="checkbox"/>            |
|                     |                                                                                                                   | Post-Repair Photos:                  | <input type="checkbox"/>            |
|                     |                                                                                                                   | Others:                              | <input type="checkbox"/>            |

|                                                                     |                                                                                  |                                   |                                                                         |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|
| PRELIMINARY ADVICE                                                  | Date/Time:                                                                       | Sent By:                          |                                                                         |
| FINALIZATION                                                        | Date/Time:                                                                       | Confirm with:                     | Confirm by:                                                             |
| Repair Cost: 49                                                     | \$S 3,500.00                                                                     | 2 days) Reduction: 89 %           | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                    | Date/Time: 14/02/19                                                              | Confirm with: WAT YIN             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                    | % 100                                                                            | (Agreed / Assessed) BOLA S/N No.: | DL                                                                      |
| Repair Cost: (w/65)                                                 | \$S 3,745.00                                                                     |                                   |                                                                         |
| Loss of Rental (LOR):                                               | \$S 153.65                                                                       | (2.5 days) X \$101.46             |                                                                         |
| Loss of Use (LOU):                                                  | \$S 125.00                                                                       | (\$ 80 x 2.5 days)                |                                                                         |
| Loss of Income (LOI):                                               | \$S -                                                                            | (\$ x days)                       |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> | [Tick only one]                   |                                                                         |
| GIA/LTA Search                                                      | \$S 7.49                                                                         |                                   |                                                                         |
| Medical:                                                            | \$S -                                                                            |                                   |                                                                         |
| Disbursement:                                                       | \$S -                                                                            | (e.g. Tow/ Independent)           |                                                                         |
| Legal Cost                                                          | \$S -                                                                            |                                   |                                                                         |
| Total:                                                              | \$S 4,131.14                                                                     | Global Sum \$S:                   | -                                                                       |
| FINAL PAYMENT                                                       | Date/Time:                                                                       | Confirm with:                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                            | \$S 4,131.14                                                                     | Name 1:                           | TRANS-CAB AUTO SERVICES PTE LTD                                         |
| Payee 2: (Strike if N.A.)                                           | \$S -                                                                            | Name 2:                           | -                                                                       |
| Payee 3: (Strike if N.A.)                                           | \$S -                                                                            | Name 3:                           | -                                                                       |