

INS. CASE OWNER:

TAN BONNIE

CC 3 / AIG1800 0691, Kja3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

9-1-18

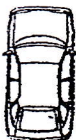
Date / Time:

9-1-18

Registered in Merimen:

11-1-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJX 3357G

Name of Insured:

Maxsoft Pte Ltd

Insured Tel No.:

HP:

Claim No.:

6216126103 BG

Policy No.:

Make / Model:

Place of Accident:

Buangkok Rd & Orchard Rd

Excess Sec II :SS

D.O.A.:

7-1-18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

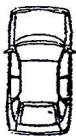
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 99810



INSRS:

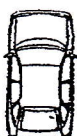
WSP:

Tel:

Liability:

RMKS:

Trans-Cab



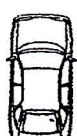
INSRS:

WSP:

Tel:

Liability:

RMKS:



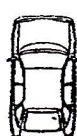
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

20101200 - BUNIL

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:

15/1/18

Joy

15/1

26-4-18

SHB 99810 - CC3 / m15008827 / Kja3n2 : 007: 28/1/18
 - CC3 / m17022921 / Kja3 : 007: 19/1/18
 SJX 3357G - X

OMP - sent out first letter.

NO VIDEO FROM TP
 - ORIGINAL TP LOG IN

TO ARRANGE FOR HEIGHT M.

HEIGHT MEASUREMENT PICS
 @ JUM V DRIVE.

- HEIGHT MEASUREMENT REPORT DONE

09/03/2020 - NO RESPONSE FROM OI. SINCE LAST BUNIL
 SEND 1ST OFFER TO TP

PRELIMINARY ADVICE

Date/Time:

Sent By:

21/03/2020 - TP Accepted Offer. ML BOGE IN ORDER

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

\$S 5,200.00 (2.5 days) Reduction: 86 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/6000)

\$S 5,564.00

Loss of Rental (LOR):

\$S 297.96 (3 days) x \$99.32

Loss of Use (LOU):

\$S - (\$ x days)

Loss of Income (LOI):

\$S 150.00 (\$50 x 3 days)

LOR only ☐ LOU only ☐

LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

\$S 5.35

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

\$S 6,017.31

Global Sum \$S: 6,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 6,000.00

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:

-