

INS. CASE OWNER:

Shawn

CC3 / AIG18001108 / K/H53

LKK:

IDAC:

Surveyor:

RALVIN

DOI:

17/01/18

Date / Time :

17/01/18

Registered in Merimen:

18/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 5585

Claim No. : 716097249459

Name of Insured : WONG SUE THONG

Policy No. : 200507147

Insured Tel No. : HP: 9398 8037

Make / Model : MITSUBISHI ATTRAAGE -1.2 (VT CA)

Excess Sec II : \$\$ D.O.A : 17/01/18

Place of Accident : CTE BEFORE TPE TOWARDS CITY

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 6536R

INSRS:
WSP: COGE (Coyang)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

DOA: 11/12/15

23/01/18 (V.C)

SHD 6536R - CC3/EQI15021372/1111352
- CC3/LCR17004282/1111352 DOA: 23/02/17
- CC3/FCI16012233/1111352 DOA: 23/06/18
SLN 6536R - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	24/1/18 SH
After call ltr to OI:	24/01/18 - JIC OK

24/1/18 @ 1052hrs

Spoke to OI, Wong Sue Thong & 93988037 agreed to settled on TP's claims. Aware of RPD issue. Will send letter and affidavit.

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:		

24/01/18

- SEND UPDATE TO OI.
- ORIGINAL TP LOP IN
- OI COV UPLD TO IN WORKMAN.

26/02/18

- SEND 1st OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL POCS IN ORDER
- TO CLOSE.

ELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L16 \$S 1,800.00 (2 days) Reduction: 56 %

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: (w/last) \$S 1,926.00

(OI CHANGED NAME)

Loss of Rental (LOR): \$S 258.56 (2 days) X \$129.28

Loss of Use (LOU): \$S 100.00 (\$ 50 x 2 days)

Loss of Income (LOI): \$S - (\$ x days)

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

GIA/LTA Search \$S 7.49

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 2,292.05

Global Sum \$S: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S 2,290.00 Name 1: COMFORTBELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$S - Name 2: -

Payee 3: (Strike if N.A.) \$S - Name 3: -