

INS. CASE OWNER:

CC 3 / CTI 800 1196 / Kka3

LKK:

IDAC:

Surveyor:

Konnefn

DOI:

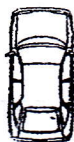
18-01-18

Date / Time:

18-01-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YM 5875U

Claim No.:

Name of Insured:

Reddot Mega Services

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

16-01-18

Place of Accident:

Bridford Rd

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.:

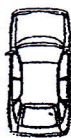
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHC 5072Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans. Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC5072Z - CUI/LCR/17021833/Kka3 ; DOA: 11-11-17
 - CUI/111 150088301/Kka3n2 ; DOA: 23-05-15
 - CUI/TP15012227/Kka3k3 ; DOA: 18-07-15

YM5875U - X

20/1/18 checked in Lucas - OUI, do send first letter

- OI GIA report in.

28032018 @ 4.27 pm

Spoke to 210 (Mr Kuek). Confirmed accident data and OUI is unaware of collision with TP. No photos / CCTV footage due to circumstances of accident. Informed abt TP claim, aware of NCD issue and agree to settle. Send letter to OI.

04042018.

File page for Bulk settlement

TP NO EVIDENCE

03/09/19

ORIGINAL TP LOP IN

EMAIL TO OI FOR RESOLUTION.

OI REPORT, EMAIL TO TP REPORT.

Reject Case

By (staff): Vlc

Approved by: Vlc

05/09/19

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:

19/1

Sent By:

Vlc

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L19

S\$ 1,550.00

(2 days)

Reduction:

96

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

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

NIL.

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

X \$99.32

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

-

Payee 2: (Strike if N.A.)

S\$

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

Name 3:

-

If NO or B 28, Ass. Lia:

1. OUI reported unaware of accident.

2. TP reported side swipe against his vehicle.

253607 TP CLAIM

TP NO EVIDENCE

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00