

15/5/2010

INS. CASE OWNER:

MING YAO

CC 3 / AIG18001371 / K1163

LKK:

IDAC:

Surveyor:

RALWIN

DOI:

22/01/18

Date / Time:

22/01/18

Registered in Merimen:

23/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

S1C5 6934K

Claim No.:

30040019285G

Name of Insured:

ANG AILK KOON

Policy No.:

2100410644

Insured Tel No.:

HP: 9320 6795

Make / Model:

KIA FORTE KS-1.6 (A)

Excess Sec II : \$

D.O.A.: 21/01/18

Place of Accident:

ECP TWDS CHANGE AIRPORT AFTER MARINE PARADE EXIT

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

SHA 29865



INSRS:

WSP: COGE (LAWYER)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 29865 - CC3/ICS17007574/H129352 DOA: 14/01/18
 - CC3/INT 140174228/H129352 DOA: 11/05/14
 - NS/INC140222910/H129352 DOA: 07/12/14
 S1C5 6934K - CC4/12616013830/H129352 DOA: 23/07/16

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 26/1/18 7:31

After call ltr to OI: 29/01/18-VIC

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:

26/01/18 (VIC)

* OI doesn't mention TP vehicle no inside
 GIA REPORT.

CONFIRM W/ OI IF HIT A TAXI (TP)
 REQUEST FOR POLICE PHOTO/ COPIES
 ANY.

IF OO, OI TO ADVISE W/ ADD TP VEH.

FINISHED

26/1/18 15:45 hrs:

spoke to OI, Mr Ang A 9320 6795 clarify with OI
 if there any (Taxi) involved as the report
 stated there is no Taxi number stated.

OI mention Taxi was at the scene at the side. OI
 didn't know now the taxi was involved. OI did
 have the clip footage and picture of the taxi
 was given to the reporting centre. Informed OI
 there's a TP claims.

29/01/18

SEND LETTER TO OI.

ORIGINAL TO LOD IN.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L15

SS

650.00

(2)

days) Reduction:

72

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

Repair Cost: (w/acc)

SS

695.50

If NO or B 28. Ass. Lia:

(CHAIN collision)

Loss of Rental (LOR):

SS

323.20

(2.5)

days) x \$129.28

Loss of Use (LOU):

SS

125.00

(50)

x 2.5 days)

Loss of Income (LOI):

SS

-

(S)

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

SS

1,151.19

Global Sum SS:

1,150.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,150.00

Name 1:

COMFORT DELARO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

(1/2)

