

INS. CASE OWNER:

ONG LILI

CG6 / LPC18001624 / 1A43

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

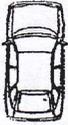
25/10/18

Date / Time:

25/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLC 9940U

Claim No. :

17/18/18/VP05/020352

Name of Insured :

FOONG HUIJUN (FANG HUIJUN)

Policy No. :

Z17VP05014660

Insured Tel No. :

HP: 9784 8785

Make / Model :

AVDI Q7 - 3.0 (A7)

Excess Sec II :S\$

D.O.A : 23/10/18

Place of Accident :

UPPER BUKIT TIMAH ROAD TOWARDS CHOA CHU KANG

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

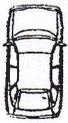
Driver Tel No. :

(V/L/ YES / NO)

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

Insured Liability : % Final ? Yes / No

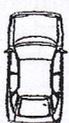
SLV 6410C



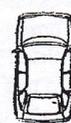
INSRS:
WSP: M4 Solution
Tel :
Liability :
RMKS:



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:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input 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 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 checked="" 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: <u>19/10/18</u> Sent By: <u>JIC</u>		

FINALIZATION Date/Time: Confirm with:	Confirm by:
Repair Cost: <u>L19</u> S\$ <u>4,000.00</u> (<u>6</u> days) Reduction: <u>60</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>24/10/18</u> Confirm with: <u>WU WONG</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u>COI KERR ENDED TP</u>
Repair Cost: <u>(W/LOD)</u> S\$ <u>4,280.00</u>	
Loss of Rental (LOR): S\$ <u>-</u> (<u>-</u> days)	
Loss of Use (LOU): S\$ <u>420.00</u> (<u>60</u> x <u>7</u> days)	
Loss of Income (LOI): S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ <u>7.45</u>	
Medical: S\$ <u>-</u>	1) Claim status: <input checked="" type="radio"/> Normal / <input type="radio"/> Reject / <input type="radio"/> Private Settle
Disbursement: S\$ <u>-</u> (e.g. Tow / Independent)	2) Report Format:
Legal Cost S\$ <u>-</u>	3) Survey fee: <u>\$450.00</u>
Total: S\$ <u>4,707.45</u> Global Sum S\$: <u>-</u>	

FINAL PAYMENT Date/Time: Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>4,707.45</u> Name 1: <u>MG SOLUTION PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$ <u>-</u> Name 2: <u>-</u>	
Payee 3: (Strike if N.A.) S\$ <u>-</u> Name 3: <u>-</u>	