

INS. CASE OWNER:

CASH KNO WONG
Shawn Wai

CC3 / AIG1800

2009 / KJ23

LKK:

IDAC:

Conveyor:

Kenneth

DOI:

31-01-18

Date / Time:

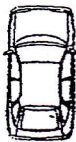
31-01-18

Registered in Merimen:

1/2/18

Pre-assign / CCU / FTE

S6105 CD



Insured Vehicle No.:

Claim No.:

9990534325G

Name of Insured:

Embassy of the state of Qatar

Policy No.:

1700003793

Insured Tel No.:

HP:

Make / Model:

M-BENZ S400L

Excess Sec II : \$5

D.O.A.:

26-01-18

Place of Accident:

Supreme Court Lane

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHW CHEE KONG

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

Driver Tel No.:

82126840

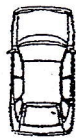
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHO 9881 Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



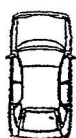
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

5/2

SHO 9881 Z - X;

S6105 CD - RMKS: 11/11/2017; D.O.A: 10/12/2011

7/2

09/12/2018 police
4.55pm

spoke to OJD (Mr Chin) at 8212 6840. OI confirmed accident statement. Informed him about the TP claim. OI mention both party was turning left and TP is in between lane. Ho (LTV, Ho police investigation result yet, no update from his workshop for his third party claim, Informed OJD update us when he receive update from workshop or Traffic police. Send letter to OI first

30/1/2018

Spoke to OJD, no update from traffic police, counter claim

- FINALISED

- ORIGINAL TP LOB IN

- NO VIDEO, TP PROVIDED SCENE PHOTO

- SEND 1ST OFFER TO TP.

- TP ACCEPTED OFFER.

- ALL DONE IN ORDER

- TO CLOSE.

Need offer point photo

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 9/5/2018

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:

2/2/2018

Sent By:

HMK

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L6

S\$ 1,500.00

(2 days)

Reduction:

94 %

Email

Call

FINAL SETTLEMENT

Date/Time:

06/08/19

Confirm with

WAI YIN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/60)

S\$ 1,058.50

COLD CHANGED (w/60)

Loss of Rental (LOR):

S\$ 202.92

(2 days)

x \$101.46

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ 100.00

(\$50 x 2 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 5.35

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$320.00

Total:

S\$ 1,966.77

Global Sum S\$:

1,950.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 1,950.00

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:

-