

15/5/2010

INS. CASE OWNER:

Jaclyn

CC 4 / AIG180 02602 / k483

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

07/02/18

Date / Time :

07/02/18

Registered in Merimen:

08/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

EH 7571X

Claim No. :

23025473905G

Name of Insured :

CHNG SIANG SOON

Policy No. :

2100425656

Insured Tel No. :

HP: 9789 4657

Make / Model :

LEXUS ES250-25 (A)

Excess Sec II :S\$

D.O.A : 05/02/18

Place of Accident :

JALAN JURONG KECHIL - IN FRONT OF ESSO PETROL KIOS

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

SGX 8050T



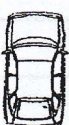
INSRS:

WSP: Alan's United

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGX 8050T - CCG/AXA/14012472/Kh263w2 DUA: 30/04/18
EH 7571X - X

STAGE

DATE / PIC

20/02/18 (vic)

ORIGINAL TP LOD IN.

STANDARD.

20/02/18 @

9:51AM

CALL OI. NO RESPONSE. FIVE RINGS.
OI TURNING LEFT FROM WIDING LANE.
SEND LETTER TO OI.

@ 11AM

OI CALLED IN. COMPLETED ACCIDENT
DETAILS. INFORMED TP CLAIM IN
LIABILITY. AGREED TO SETTLE.

04/09/18

05/09/18

SEND 1ST OFFER TO TP.

TP ACCEPTED OFFER.

ALL DOCS IN ORDER.

TO CLOSE.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

20/02/18 - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

40

S\$

2100.00 (5

days) Reduction:

41

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

(w/late)

S\$

2161.00

Loss of Rental (LOR):

S\$

500.00 (5

days)

x \$100.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☒LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$

200

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\$

2,963.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,963.00

Name 1:

ALAN'S UNITED AUTO PTG LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-