

15/5/2010

INS. CASE OWNER:

Shurini

CC4/1118002615

IRI 1118002615

LKK:

IDAC:

Surveyor:

RASUL

DOI:

09/02/13

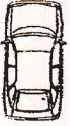
Date / Time:

07/02/13

Registered in Merimen:

08/02/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 6632L

Claim No.:

MCT18020171

Name of Insured:

CTPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

HYUNDAI I40

Excess Sec II :S\$

D.O.A.:

05/02/13

Place of Accident:

WOODLANDS RD CTR RD JUNCTION WITH
MARSEILING RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: SNG KOK POH

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

Driver Tel No.:

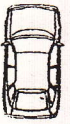
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

FBL 2056P



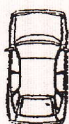
INSRS:

WSP: 04 98

Tel:

Liability:

RMKS:



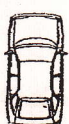
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	FBL 2056P - CS/MSG/16019983/Gabm2 DOA: 12/10/16	Non-Reporting ltr (1st):	
	SHA 6632L - CS/11112006032/145 DOA: 23/03/12	Non-Reporting ltr (2nd):	
	J- NS/INC/11017053/HK DOA: 19/03/11	Non-Reporting ltr (Final):	
19/02/13 (THU 7am)	*NO estimate	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
02/03/13	OI VIDEO UPLOADED IN WORKFLOW	Documentation Check List: Handler Typist	
	OI making right turn from left lane	Notification ltr (if non-pickup)	
	III APPROVED	After call ltr to OI:	
	THRU	Authorisation To Act:	
	TP LOD IN BY EMAIL	Release Voucher:	
10/02/13	TYPE REPORT FOR MANDATE APPROVAL	Final Repair Bill:	
	REPORT DONE	Car Rental Invoice:	
15/01/19	BOOK MANDATE APPROVAL TO II	Towing Invoice:	
	PENDING AFTER REPAIR PHOTOS	LTA / GIA :	
15/02/19	III APPROVED MANDATE	Medical Bill:	
21/02/19	SEND 1ST OFFER TO TP.	PIR:	
	TP ACCEPTED OFFER.	Mandate/Reject Instruction:	
26/02/19	RECEIVED ORIG. DV. ALL DOCS IN ORDER.	LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L6	S\$ 1250.00 (3 days) Reduction: 56 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21/02/19	Confirm with: UNDA	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : N1L	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1250.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 60.00 x 3 days		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 1,310.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,310.00	Name 1: 66 98 MOTOR PTG LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	