

15/5/2010

INS. CASE OWNER:

Jas  
CC 4 / AXA 1800

2695, P2 h63

LKK:

IDAC:

Surveyor:

Falwin

DOI:

09/07/18

Date / Time:

9/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJZ 7559D

Name of Insured:

LIAMMY DEAN MURPHY

Insured Tel No.:

HP:

93553880

Excess Sec II : \$

D.O.A.:

08/07/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8M008P4 | 30099

Policy No.:

VPA/PLA30841

Make / Model:

LEXUS

Place of Accident:

LIE

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

SHD1486J



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date / Time    |                                                                                                                          | STAGE                             | DATE / PIC     |
|----------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|
| 17/12/18       | SHD1486J - X                                                                                                             | Non-Reporting ltr (1st):          |                |
|                | # omwv claim                                                                                                             | Non-Reporting ltr (2nd):          |                |
|                |                                                                                                                          | Non-Reporting ltr (Final):        |                |
|                |                                                                                                                          | Notification ltr (if non-pickup): |                |
|                |                                                                                                                          | Call OI:                          |                |
| 03/02/18 @ 12N | SJZ 7559D - X                                                                                                            | After call ltr to OI:             | 02/03/18 - VIC |
|                | SPOKE TO CI. SHE CONFIRMED ACCIDENT DETAILS IN REPORT. ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE 4 AXLES AND BODIES. | Documentation Check List:         | Handler        |
|                | - FINALISED.                                                                                                             | Notification ltr (if non-pickup)  |                |
|                | - TP LOG IN BY EMAIL                                                                                                     | After call ltr to OI:             |                |
| 09/04/18       |                                                                                                                          | Authorisation To Act:             |                |
|                | - TYPE REPORT FOR WARRANT.                                                                                               | Release Voucher:                  |                |
|                | - REPORT LONG                                                                                                            | Final Repair Bill:                |                |
|                |                                                                                                                          | Car Rental Invoice:               |                |
| 20/06/18       |                                                                                                                          | Towing Invoice                    |                |
| 26/06/18       |                                                                                                                          | LTA / GIA:                        |                |
| 27/06/18       |                                                                                                                          | Medical Bill:                     |                |
| 05/07/18       |                                                                                                                          | PIR:                              |                |
|                |                                                                                                                          | Mandate/Reject Instruction:       |                |
|                |                                                                                                                          | LOD                               |                |
|                |                                                                                                                          | Payment Breakdown Form:           |                |
|                |                                                                                                                          | Post-Repair Photos:               |                |
|                |                                                                                                                          | Others:                           |                |

PRELIMINARY ADVICE Date/Time: 17/12/18 Sent By: DM

| FINALIZATION                                                        | Date/Time:                                                                       | Confirm with:                     | Confirm by:                                                  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|
| Repair Cost: 46                                                     | SS 1,400.00                                                                      | ( 3 days) Reduction: 64 %         | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT                                                    | Date/Time:                                                                       | Confirm with:                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                    | % 100                                                                            | (Agreed / Assessed) BOLA S/N No.: | 27                                                           |
| Repair Cost: (w/ass)                                                | SS 1,498.00                                                                      |                                   |                                                              |
| Loss of Rental (LOR):                                               | SS 549.70                                                                        | ( 5 days) X 4109.94               |                                                              |
| Loss of Use (LOU):                                                  | SS 200.00                                                                        | 40 x 5 days)                      |                                                              |
| Loss of Income (LOI):                                               | SS --                                                                            | (\$ x days)                       |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> | [Tick only one]                   |                                                              |
| GIA/LTA Search                                                      | SS 2.00                                                                          |                                   |                                                              |
| Medical:                                                            | SS --                                                                            |                                   |                                                              |
| Disbursement:                                                       | SS --                                                                            | (e.g. Tow/Independent)            |                                                              |
| Legal Cost                                                          | SS --                                                                            |                                   |                                                              |
| Total:                                                              | SS 2,249.70                                                                      | Global Sum SS: 2,240.00           |                                                              |
| FINAL PAYMENT                                                       | Date/Time:                                                                       | Confirm with:                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                            | SS 2,240.00                                                                      | Name 1:                           | PREMIER AUTOMOTIVE SERVICES PTE LTD                          |
| Payee 2: (Strike if N.A.)                                           | SS --                                                                            | Name 2:                           | --                                                           |
| Payee 3: (Strike if N.A.)                                           | SS --                                                                            | Name 3:                           | --                                                           |