

15/8/2010

INS. CASE OWNER:

FRANCIS  
LYN

CCG / EQ18002802 / UH352

LKK:

IDAC:

Surveyor:

Marcus

DOI:

12/02/18

Date / Time:

12/02/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

G88 4771Y

Claim No.:

DM18HO00465/PN

Name of Insured:

HAUSI'S SINGAPORE PTE LTD

Policy No.:

DMCPHQ17-005853

Insured Tel No.:

HP:

Make / Model:

NISSAN CARMAR-3.0 (M)

Excess Sec II :SS

D.O.A.:

12/02/18

Place of Accident:

ALONG CLEMENTI AVENUE 6 EXIT TO PIE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: SHANMUGAM THEVAR S/O SOKKANATHAN

OT GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No.: 9790 2121

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SDT 8855U



INSRS:

WSP: Fastech Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/Time                                                                                                                                                           | STAGE                                                                                                                                                                                                                    | DATE / PIC |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 22/02/18 (2ain)                                                                                                                                                     | SDT 8855U - X ; G88 4771Y - X<br># Ruby Est & RA                                                                                                                                                                         |            |
| 23/2/2018 @ 12:54pm                                                                                                                                                 | SPOKE TO OIO (Mr Shanmugam). confirmed accident details and OIO hit stationary vehicle. OIO will send any additional photos via email. Informed abt TP claim, aware of NCB issue and agree to settle. send letter to OI. |            |
| 06032018:                                                                                                                                                           | File pass to marcus to finalize.<br>- FINALIZED.<br>- ORIGINAL TP LOD IN.                                                                                                                                                |            |
| 15/04/18                                                                                                                                                            | - TYPE REPORT FOR WINDUP APPROVAL<br>- REPORT DONE                                                                                                                                                                       |            |
| 14/05/18                                                                                                                                                            | - G88K WINDUP APPROVAL TO EQ.                                                                                                                                                                                            |            |
| 20/05/18                                                                                                                                                            | - EQ APPROVED WINDUP. SEND 1st OFFER                                                                                                                                                                                     |            |
| 08/06/18                                                                                                                                                            | - REQ STOPPED 2nd OFFER. NO BY REPAIRER.<br>- TP ACCEPTED OFFER. NO BY REPAIRER.<br>- ALL DOCS IN ORDER TO CLOSE.                                                                                                        |            |
| PRELIMINARY ADVICE Date/Time: 14/05/18 Sent By: VIC                                                                                                                 | Documentation Check List: Handler Typist                                                                                                                                                                                 |            |
|                                                                                                                                                                     | Notification ltr (if non-pickup)                                                                                                                                                                                         |            |
|                                                                                                                                                                     | After call ltr to OI:                                                                                                                                                                                                    |            |
|                                                                                                                                                                     | Authorisation To Act:                                                                                                                                                                                                    |            |
|                                                                                                                                                                     | Release Voucher: NO BY                                                                                                                                                                                                   |            |
|                                                                                                                                                                     | Final Repair Bill:                                                                                                                                                                                                       |            |
|                                                                                                                                                                     | Car Rental Invoice:                                                                                                                                                                                                      |            |
|                                                                                                                                                                     | Towing Invoice:                                                                                                                                                                                                          |            |
|                                                                                                                                                                     | LTA / GIA:                                                                                                                                                                                                               |            |
|                                                                                                                                                                     | Medical Bill:                                                                                                                                                                                                            |            |
|                                                                                                                                                                     | PIR:                                                                                                                                                                                                                     |            |
|                                                                                                                                                                     | Mandate/Reject Instruction:                                                                                                                                                                                              |            |
|                                                                                                                                                                     | LOD:                                                                                                                                                                                                                     |            |
|                                                                                                                                                                     | Payment Breakdown Form:                                                                                                                                                                                                  |            |
|                                                                                                                                                                     | Post-Repair Photos:                                                                                                                                                                                                      |            |
|                                                                                                                                                                     | Others:                                                                                                                                                                                                                  |            |
| FINALIZATION Date/Time: Confirm with:                                                                                                                               | Confirm by:                                                                                                                                                                                                              |            |
| Repair Cost: 49 SS 12,500.00 (10 days) Reduction: 02 %                                                                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                             |            |
| FINAL SETTLEMENT Date/Time: 05/06/18 Confirm with: SABON                                                                                                            | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                  |            |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27                                                                                                        | If NO or B 28, Ass. Lia :                                                                                                                                                                                                |            |
| Repair Cost: (w/gar) SS 13,575.00                                                                                                                                   | OIO hit stationary vehicle.                                                                                                                                                                                              |            |
| Loss of Rental (LOR): SS 2,160.00 (12 days) X 180                                                                                                                   | OIO REAR - ENDORS TP                                                                                                                                                                                                     |            |
| Loss of Use (LOU): SS - (S x days)                                                                                                                                  |                                                                                                                                                                                                                          |            |
| Loss of Income (LOI): SS - (S x days)                                                                                                                               |                                                                                                                                                                                                                          |            |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                                                                                                                                                                          |            |
| GIA/LTA Search SS 200                                                                                                                                               |                                                                                                                                                                                                                          |            |
| Medical: SS -                                                                                                                                                       | 1) Claim status: Normal/Reject/Private Settle                                                                                                                                                                            |            |
| Disbursement: SS - (e.g. Tow/ Independent)                                                                                                                          | 2) Report Format:                                                                                                                                                                                                        |            |
| Legal Cost SS -                                                                                                                                                     | 3) Survey fee: \$400.00                                                                                                                                                                                                  |            |
| Total: SS 15,537.00 Global Sum SS: -                                                                                                                                |                                                                                                                                                                                                                          |            |
| FINAL PAYMENT Date/Time: Confirm with:                                                                                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                             |            |
| Payee 1: SS 15,537.00 Name 1: FASTECH AUTO PTE LTD                                                                                                                  |                                                                                                                                                                                                                          |            |
| Payee 2: (Strike if N.A.) SS - Name 2: -                                                                                                                            |                                                                                                                                                                                                                          |            |
| Payee 3: (Strike if N.A.) SS - Name 3: -                                                                                                                            |                                                                                                                                                                                                                          |            |