

INS. CASE OWNER:

LEE MING YAO

CC 3 /AIG1800

510V

A hba/v

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

20/03/18

Date / Time:

19/3/18

Registered in Merimen:

19/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDF 1637

Name of Insured:

TED SECK CHONG

Insured Tel No.:

HP:

88886677

Excess Sec II :\$\$

D.O.A.:

16/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

015215747086

Policy No.:

70047098

Make / Model:

TOYOTA

Place of Accident:

UE TO AME AVE 1 EXIT

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

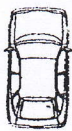
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SUM 929K



INSRS:

WSP:

Tel:

Liability:

RMKS:

premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
7/7/18	SUM 929K - 4	Non-Reporting ltr (1st):	
14C	SDF 1637 - UE TO AME AVE 1 EXIT	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
21/03/18 @ 12:25PM	CALL OI. NO RESPONSE. FIVE REVIEWS.	After call ltr to OI:	21/03/18 - JIC
	OI REPLY - ENDED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM.	Documentation Check List:	Handler Typist
	EMAIL LIABILITY CLERK LOU/R: 460/9100	Notification ltr (if non-pickup)	☐
@ 12:40PM	OI CALLS IN. COMPLETION ACCIDENT DENIES W/ REPLY - ENDED TP. INFORMED TP CLAIM, REFERRED TO SETTLE W/ AWAKE NCD RATES.	After call ltr to OI:	☒
	MINUTED	Authorisation To Act:	☒
02/09/19	ORIGINAL TP LOD IN	Release Voucher:	☒
	TP REPORT FOR WARRANT APPROVAL	Final Repair Bill:	☒
03/09/19	REPORT DONE	Car Rental Invoice:	☒
	SEEK WARRANT APPROVAL TO SIG.	Towing Invoice	☐
04/09/19	SIG APPROVED WARRANT.	LTA / GIA:	☒
	SEND ACCEPTANCE EMAIL. ALL DOCS IN.	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	☐
	Sent By:	Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 4/16	SS 23,905.68 (12 days)	Reduction: 26 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/09/19	Confirm with: NORA	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27
Repair Cost: (w/105)	SS 25,579.08		
Loss of Rental (LOR):	SS 1,400.00 14 days	x 4100	
Loss of Use (LOU):	SS - (\$ x days)		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	SS 2.00		
Medical:	SS -		
Disbursement:	SS -	(e.g. Tow/ Independent)	
Legal Cost	SS -		
Total:	SS 26,981.08	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 25,581.08	Name 1:	PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	SS 1,400.00	Name 2:	GOH HENG LYE
Payee 3: (Strike if N.A.)	SS -	Name 3:	-

URGENT