

15/5/2010

INS. CASE OWNER: NORSIAH

CC 3 / AIG18005351 / A h 3 9

LKK:

IDAC:

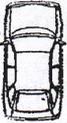
Surveyor: APRIAN

DOI: 20/03/18

Date / Time: 22/03/18

Registered in Merimen: 22/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 5772

Claim No. : 3212133419 SG

Name of Insured : CHOW SWEE KIAN

Policy No. : 1700043908

Insured Tel No. : HP: 9856 1556

Make / Model : VOLVO XC60-2.0 T5 (A)

Excess Sec II :\$\$ D.O.A : 21/03/18

Place of Accident : OFFICE SHELTERED CARPARK

Is driver the owner? (YES / NO) Nature of Accident :

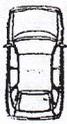
If NO, Driver Name / Age : CHANG TUAN GEM LIONEL

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

Driver Tel No. : 9856 1556 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLW 91602



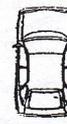
INSRS: WSP: Premium A++
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>26/03/18 (VIC)</u>	<u>SLW 91602 - X ; SKG 5772 - X</u> <u>* Please verify accident location.</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
<u>22/03/18 @ 2:00PM</u>	<u>SPOKER TO OIG. OI WAS THE WIFE. OIG CONFIRMED ACCIDENT DETAILS AND HIT SUPERMARKET TP WHILE EXITING C/P LOT. INFORMED TP CLAIM, AGREED TO GETTY 4 AMOUNTS NEEDED ISSUES. SEND LETTER/MAIL. BULK LIABILITY CLERK. LOU/LR \$50/dmo</u>	Notification ltr (if non-pickup): Call OI: <u>22/03/18 -vic</u> After call ltr to OI:
<u>14/06/18</u>	<u>ORIGINAL TP LOU IN.</u> <u>TYPE REPORT FOR LIABILITIES APPROVAL</u> <u>REPORT DONE.</u>	Documentation Check List: Handler Typist
<u>09/05/18</u> <u>20/09/18</u> <u>26/09/18</u>	<u>GETTY LIABILITIES APPROVAL TO MG.</u> <u>MG APPROVED LIABILITIES. 14 JUN 2018</u> <u>CONFIRMED AMOUNT PAID TO LOU.</u> <u>ALL DOCS IN ORDER.</u> <u>TO CLOSE.</u>	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/> Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> LTA / GIA: <input checked="" type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/> LOD: <input checked="" type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S\$ 10,949.00 (5 days) Reduction: 26 % Email Call

FINAL SETTLEMENT Date/Time: 26/09/18 Confirm with: MUSTUKA Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22 If NO or B 28, Ass. Lia : OID HIT PARKED TP

Repair Cost: (w/gov) S\$ 11,716.07

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 700.00 x 100 x 7 days

Loss of Income (LOI): S\$ - (S x days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/Independent)

Legal Cost S\$ -

Total: S\$ 12,418.07 Global Sum S\$: -

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 11,718.07 Name 1: PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.) S\$ 700.00 Name 2: WONG CHONG YU KEVIN

Payee 3: (Strike if N.A.) S\$ - Name 3: -