

INS. CASE OWNER:

CC 6 / AIG 1800

6146, Aha3

LKK:

IDAC:

Surveyor:

WMP

DOI:

2.4.18

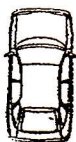
Date / Time:

03/04/18

Registered in Merimen:

03/04/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 2477C

Claim No.:

7881 00 633156

Name of Insured:

Umm DE

Policy No.:

170060001

Insured Tel No.:

90091248

HP:

40615600

Make / Model:

Mazda 3

Excess Sec II :SS

D.O.A.:

2/4/18

Place of Accident:

Payah Ubar Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

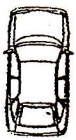
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

Skem 624



INSRS:

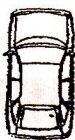
WSP:

Tel:

Liability:

RMKS:

Best Solution



INSRS:

WSP:

Tel:

Liability:

RMKS:



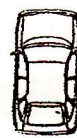
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

6/4

Skem 624 - call AHA 170060001 / Amb: 170060001. 5/4/18.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Hlophib-vic

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Undate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

Hlophib e
1:27PM

to get OI video footage.
 - speak to OI. CONTINUED ACCIDENT
 DURING 4 DAY TIME AS REPORTING DATE
 02/04/18. OI TO DO APPROPRIATE. INFORMED
 TP CLAIM & LIABILITY. OI WILL GET BACK FOR
 VIDEO. AGREED TO GET AT BEST & NEW
 ISSUES. SEND LETTER & EMAIL TO OI.

- MINUTED
 - ORIGINAL TP LOD IN

20/02/19

- SEND 1ST OFFER TO TP.
 - TP REQUESTED CASH. PROVIDED VIDEO FOOTAGE.
 - TP VIDEO SHOW IN V LINE / VIC / SKEM 624 - JERUSALEM
 IN WORKING.
 - SEND 2ND OFFER TO TP. TP ACCEPTED.

PRELIMINARY ADVICE

Date/Time:

Sent By:

26/02/19

- ALL WORK IN ORDER. TO CLOSE.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$ 3,000.00

(5 days)

Reduction:

62 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Hlophib

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 3,000.00

Loss of Rental (LOR):

S\$ 700.00

(7 days)

x \$100

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 3,700.00

Global Sum SS: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 3,700.00

Name 1:

BEST SOLUTION AUTOCARE PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-