

15/5/2010

P.S. CASE OWNER:

CC 3 /EQ11800

LKK:

IDAC:

Surveyor:

Touffner

DOI:

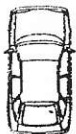
5/6/18

Date / Time :

18/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFB 3126K

Name of Insured :

WAN HONG HONG PATRICK

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Wte/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

HOK BOON BOON

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

00182001011-79

Policy No. :

00PPH18-007670

Make / Model :

SUZUKI

Place of Accident :

B3 CP of TAN GOLF SEMU
HOSPITAL.

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

Insured Liability :

%

Final ? Yes / No

SFB 8128C



INSRS:

WSP:

Tel :

Liability :

RMKS:

performance



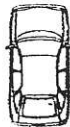
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

23/5/18
vivan

SFB 8128C *

SFB 3126K -x

Receive TP video

25/5/18

Called OIP, Mdm Goh. Confirm accident details. Inform TP claim. Inform OIP that TP got CCTV. agree to settle. letter send out

email workshop liability clear.

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:

> 25/5/18
vivan. Ch

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:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

18/9/18

Confirm with Caroline

Email

Call

Final Liability:

%

100

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

2274.77

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

300.00

(\$100 x 3 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

2000

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

2576.77

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2576.77

Name 1:

Performance Motors Ltd.

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

* Assignment copy total Amount

COPY SENT