

15/5/2010

INS. CASE OWNER:

JIMMY

CC 6 / A16 1800

8187

Uha3 9

LKK:

IDAC:

Surveyor:

mupens

DOI:

46/18

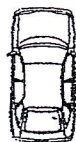
Date / Time:

4/5/18
11/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

SPB 9903 U



Insured Vehicle No.:

Claim No.:

36172470406G

Name of Insured:

KHOON KAM Bee

Policy No.:

2100507276

Insured Tel No.:

HP:

96990609

Make / Model:

Audi A5

Excess Sec II :\$S

D.O.A.:

30/4/2018

Place of Accident:

MLB

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

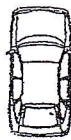
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SD 6 19218



INSRS:

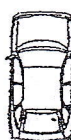
WSP:

Tel:

Liability:

RMKS:

chammas.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

DATE / PIC

15/5/18
11/5/18SD 6 19218 - 453 / A16 1200 8419 / Med; 25/4/18
SPB 9903 U - X

STAGE

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

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:

15/05/18

- MIB REQUIRED. 3 VEH. C.C.; 01 2ND CAR
- BUILT LIABILITY CLERK

Call OI:

After call ltr to OI:

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:

15/5/2018
4:30pm

Spoke to OI, OI confirmed involved in 3 cars chain collision. OI is the 2nd vehicle and was pushed forward by behind vehicle. Informed OI about TP claim and MIB. OI agree to settle and advise the HCD will be withheld for time being. Send letter to OI.

- MINUSSED.

- ORIGINAL TP LOG IN

14/06/19

- TYPE REPORT FOR MANDATE APPROVAL
- REPORT DONE

21/07/19

- GIVE MANDATE APPROVAL TO AIG

23/08/19

- AIG APPROVED MANDATE

26/08/19

- SEND ACCEPTANCE BUILT TO TP.

PRELIMINARY ADVICE

Date/Time:

Sent By:

- ALL WORK IN ORBIT

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

8,900.00

(6 days)

Reduction:

57 %

Email

Call

FINAL SETTLEMENT

Date/Time:

26/08/19

Confirm with

MR QUKE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

S\$

8,900.00

CB VEH. C.C. 1, 01 2ND)

Loss of Rental (LOR):

S\$

840.00

(7 days)

X \$170.00

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\$

7.15

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$320.00

Total:

S\$

9,747.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

9,747.45

Name 1:

CHIN HONG MOTORS

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-