

Surveyor:

Kenneth

DOI:

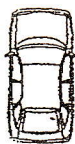
4/5/2018

Date / Time:

3/5/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJE 5540 E

Name of Insured:

SAPARANAN SLO PUNNAPPAN

Insured Tel No.:

HP:

91474640

Excess Sec II :SS

D.O.A.:

27/04/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

W1818/VP 05/020582

Policy No.:

2/19/VP 05/016300-007 X

Make / Model:

7. MSH

Place of Accident:

PIE 7 CHANGI AIRPORT.

If NO, Driver Name / Age:

Driver Tel No.:

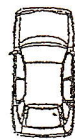
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SKM 6721P



INSRS:

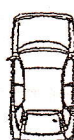
WSP:

Tel:

Liability:

RMKS:

C.S. ONG



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/18

NL

SKM 6721P - X ; SJE 5540 E - X

Received LOD.

- MINUSSED

- TP LOD IN BY GMAIL.

- THIS REVIEWED. OI REPR-ENDBD TP.

02/04/18

27/02/19

- THE REPORT FOR WARRANT APPROVAL

- REPORT DONE

21/03/19

- GIVE WARRANT TO LPC.

22/03/19

- LPC APPROVED WARRANT

12/06/19

- GIVE 1ST OFFER TO TP

09/07/19

- TP ACCEPTED OFFER.

12/07/19

- RECEIVED DI. AEL BOOD IN OFFER

- TO CLOSE.

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:

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: 10/05/18

Sent By: AS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

S\$ 3,500.00 (3 days) Reduction: 70 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 12/07/19

Confirm with

MRS ONG

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/ LG)

S\$ 3,745.00

COI REPR-ENDBD TP

Loss of Rental (LOR):

S\$ 500.00 (5 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/TA Search

S\$ 7.45

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$ 150.00

Total:

S\$ 4,252.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,252.45

Name 1:

C.S. ONG AUTO PTB. LTD.

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-