

IN. BANNOWELL

TE

CCY Asm 1800 8843 / Ahas

EXP

DAC

45147

14/5/2018

Surveyor:

ADMAN

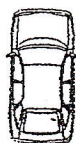
DOI:

18/5/2018

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLQ1688E

Name of Insured :

ROLAND LOH YONG GUAN

Insured Tel No. :

HP:

D.O.A: 11/5/2018

Claim No. :

88M006XL

Policy No. :

G9134130

Make / Model :

T-PRING

Place of Accident :

Front of Park Ave 645

Excess Sec II :SS

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

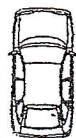
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SYJ 2671A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Long har.



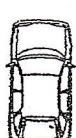
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

6/6
me

SYJ 2671A. 14/5/2018 / y ; 11/5/2018
SLQ1688E - X

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:

04/09/18 - JC

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:

04/09/18 09:44H

spoke to OI. CONFIRMED ACCIDENT
DETAILS & RENE-ENDED TP. INFORMED
TP CLAIM, AGREED TO SETTLE & AWAIT
NCD IMPROV. SEND LETTER & BULK TO
OI.
BULK LIABILITY CLERK.
TP LOD IN BY BULK.

14/09/18
17/10/18

COOK / UPLOADED MANDATES IN SUBMITTING
AND APPROVED MANDATES
SEND ACCEPTANCE BULK TO TP.
TP Act IN. All done in ORDER.
to close.

19/10/18

PRELIMINARY ADVICE

Date/Time: 04/09/18

Sent By:

vic

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

SS 4,300.00

(7 days)

Reduction: 42

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

subron

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost: (with GST)

SS 4,654.50

COI RENE-ENDED TP

Loss of Rental (LOR):

SS 840.00

(7 days)

x \$120

Loss of Use (LOU):

SS

—

(\$

x

days)

Loss of Income (LOI):

SS

—

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

—

Disbursement:

SS

—

(e.g. Tow/ Independent)

Legal Cost

SS

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

SS

5,496.50

Global Sum SS:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

5,496.50

Name 1:

KANG CAR REPAIRERS PTB LTD

Payee 2: (Strike if N.A.)

SS

—

Name 2:

—

Payee 3: (Strike if N.A.)

SS

—

Name 3:

—