

INS. CASE OWNER:

JOMIE

CC 6/LR 180 11666/11673

LKK:

IDAC:

Surveyor:

MAREWS

DOI:

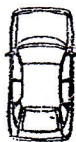
28/6/2018

Date / Time:

Registered in Merimen:

26/6/18
26/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLE80634

Name of Insured:

LCPP- PLV

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

25-6-18

Claim No.:

828340764962

Policy No.:

Make / Model:

Honda Vezel

Place of Accident:

PTE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

My Wai Kit

Driver Tel No.:

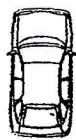
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SLA1252K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hock Wah



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

3/7/19
vntw

SLA1252K X; SLE80634 X

Receive PIR from TP. ODD was charge
careless driving.

- PIR - AGAINST ODD

- MINUTED

- TP LOD IN BY BUAL

20/08/19

- SEND ACCEPTANCE BUAL TO TP.

- ALL POOD IN ORDER.

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 2/5/19 email.

After call ltr to OI: VIVIAN

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: AGAINST ODD

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: 46 S\$ 1300.00 (4 days) Reduction: 67 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/ass) S\$ 1,391.00

(OID RENT-BURIED TP)

Loss of Rental (LOR): S\$ 100.00 (4 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\$ 7.45

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\$ 1,798.45

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,798.45

Name 1: HOCK WAH MOTOR WORKSHOP PTE LTD

Payee 2: (Strike if N.A.) S\$ -

Name 2: -

Payee 3: (Strike if N.A.) S\$ -

Name 3: -