

INS. CASE OWNER:

CC 4 / ALG 180 11760 / K no3

LKK:  
IDAC:

Surveyor:

Ksc

DOI:

29-6-18

Date of Issue:

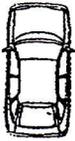
26/6/2018

Registered in Merimen:

27/6/18

Pre-assign / CCU / FTE

SKU 6128K



Insured Vehicle No. :

Claim No. :

280651829456

Name of Insured :

Policy No. :

ZENG MINGDE RICHARD

20042899

Insured Tel No. :

HP:

91374028

Make / Model :

Y. A112S

Excess Sec II : \$S

D.O.A :

25/6/2018

Place of Accident :

Junct. of West Coast Highway & Harbour Dr.

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

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

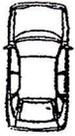
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKB 3302T



INSRS:

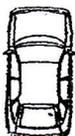
WSP:

Tel :

Liability :

RMKS:

BH Auto



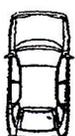
INSRS:

WSP:

Tel :

Liability :

RMKS:



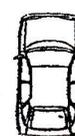
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
10/07/18 @ 1PM	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
14/08/18	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

SKB 3302T - X; SKU 6128K - X

10/07/18 @ 1PM - spoke to OI. He confirmed accident details in KATE-ENDED TP. INFORMED TP CLAIM. AGREED TO SETTLE & WAIVER AND ISSUES. SEND LETTER & EMAIL TO OI.

14/08/18 - SEND ACCEPTANCE EMAIL TO TP

KATE-ENDED TP. ALL IN ORDER TO CLOSE.

**PRELIMINARY ADVICE** Date/Time: Confirm with: Sent By: Confirm by:

Repair Cost: **L19** \$S **2,280.00** ( 4 days) Reduction: **87** % Email  Call

**FINAL SETTLEMENT** Date/Time: **14/08/18** Confirm with: **JACOBIN** Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia: **COI (KATE-ENDED TP)**

Repair Cost: **(w/65%)** \$S **2,107.50**

Loss of Rental (LOR): \$S - ( days)

Loss of Use (LOU): \$S **100.00** (\$ **100** x **4** days)

Loss of Income (LOI): \$S - (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search \$S **2.00**

Medical: \$S -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **27**

3) Survey fee: **\$320.00**

**Total:** \$S **2,809.50** Global Sum \$S: -

**FINAL PAYMENT** Date/Time: Confirm with: Email  Call

Payee 1: \$S **2,809.50** Name 1: **BH AUTO SERVICES PGE LTD**

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

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