

INS. CASE OWNER:

CC 4/LPC 180 11802, Kha3

LKK:
IDAC:

Surveyor: Kenneth DOI: 28/6/18 Date / Time: 28/6/18

Pre-assign / CCU / FTE

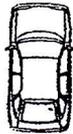


Insured Vehicle No. : GAH 3123J
Name of Insured : TRANSPORT EXPRESS
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 26/6/18

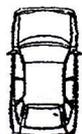
Claim No. : 17/18/18/VCOO/020710
Policy No. : 217VCOO/100433-001
Make / Model : 7-DYNA
Place of Accident : YISHAN AVE 1

Is driver the owner? (YES /) Nature of Accident : _____
If NO, Driver Name / Age : MANOHASKIL B. ABANL GA FUR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : 96157153 (VL: YES / NO) Insured Liability : % Final ? Yes / No

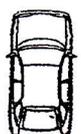
GBE 3192J → → → → →



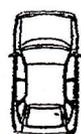
INSRS: _____
WSP: Chang Hoe
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time		STAGE	DATE / PIC
<u>4/7/18</u>	<u>GBE 3192J</u>	Non-Reporting ltr (1st):	
<u>4/7/18</u>	<u>GAH 3123J</u>	Non-Reporting ltr (2nd):	
<u>4/7/18</u>		Non-Reporting ltr (Final):	
<u>03/08/18</u>	<u>pic reviewed. old involved in 4 veh-c.c. u was the last car.</u>	Notification ltr (if non-pickup):	
<u>03/08/18</u>	<u>submit liability claim.</u>	Call OI:	
<u>03/08/18</u>	<u>original TP LOD in</u>	After call ltr to OI:	
<u>01/07/19</u>	<u>type report for mandate approval</u>	Documentation Check List:	
<u>06/08/19</u>	<u>type report for mandate approval</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
<u>08/08/19</u>	<u>report done</u>	After call ltr to OI:	<input type="checkbox"/>
<u>08/08/19</u>	<u>seek mandate approval to LPC</u>	Authorisation To Act:	<input checked="" type="checkbox"/>
<u>08/08/19</u>	<u>LPC approved mandate.</u>	Release Voucher:	<input checked="" type="checkbox"/>
<u>08/08/19</u>	<u>send acceptance back to TP.</u>	Final Repair Bill:	<input checked="" type="checkbox"/>
<u>21/10/19</u>	<u>received by.</u>	Car Rental Invoice:	<input type="checkbox"/>
<u>21/10/19</u>	<u>all docs in order.</u>	Towing Invoice	<input type="checkbox"/>
<u>21/10/19</u>	<u>to close.</u>	LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 03/07/18 Sent By: 03

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: 7/P S\$ 15,512.97 (10 days) Reduction: 8 % Email Call

FINAL SETTLEMENT Date/Time: 08/10/19 Confirm with: JUNE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100%
Repair Cost: (w/loss) S\$ 14,464.97 CA Veh. C.C., Old (last)
Loss of Rental (LOR): S\$ - (days)
Loss of Use (LOU): S\$ 1,040.00 (\$ 80 x 13 days)
Loss of Income (LOI): S\$ - (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search S\$ 8.00
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
Total: S\$ 15,512.97 Global Sum S\$: -
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$450.00

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

Payee 1: S\$ 15,512.97 Name 1: CHENG HOE MOTOR PTE LTD
Payee 2: (Strike if N.A.) S\$ - Name 2: -
Payee 3: (Strike if N.A.) S\$ - Name 3: -