

INS. CASE OWNER:

CC 4 / AIG 180 11997 / K ha3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

6/21/18

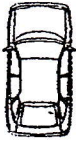
Date / Time :

29-6-18

Registered in Merimen:

21/7/2018

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 9103 C

Name of Insured :

SUNWARD PHARMACEUTICAL P/L

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

26/6/18

Is driver the owner?

(YES / ☒)

Nature of Accident :

If NO, Driver Name / Age :

LOW HW KOON

Driver Tel No. :

98271644 (V/L: YES / ☒ NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

2100463105

NISSAN NV350

PLE EXIT 7 Jurney West Ave 2

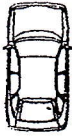
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

YN 5384 P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kay Motor



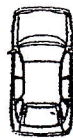
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

1/1/18
m

YN 5384 P - X; GBE 9103 C - 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:

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:

11/07/18 @ 5:30 PM

GROUPS TO OI PIC MR TAN. HE CONFIRMED
ACCIDENT DETAILS IN OLD REPAIR-BINDING TP.
INFORMED TP CLAIM, AGREED TO SETTLE
IN AWARE NCD ISSUES. SEND LETTER TO OI.

- EMAIL LIABILITY CLERK

- TP LOD IN BY EMAIL

02/08/18
07/08/18

- SEND ACCEPTANCE EMAIL TO TP.

- ORIGINAL DOCS IN.

- ALL IN ORDER.

- TO CLERK.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

S\$ 2,900.00

(3 days)

Reduction:

57

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 2,900.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

360.00

(\$ 120 x 3 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.15

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$520.00

Total:

S\$

3,267.15

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,267.15

Name 1:

KAY MOTOR

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-