

INS. CASE OWNER:

George

CC 3, MG 180 12276, Khaz

LKK:

IDAC:

Surveyor:

FSL

DOI:

4.7.18

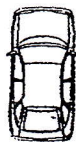
Date / Time:

4.7.18

Registered in Merimen:

5.7.18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLT 6957C

Name of Insured:

YAP Bong Gook Dorothy

Insured Tel No.:

HP:

97554930

Excess Sec II :SS

D.O.A.:

31/7/18

Claim No.:

013688 4720 8G

Policy No.:

170007441

Make / Model:

M7 ASX

Place of Accident:

PASIR PASIR 8

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Donovan Cheong Jun Hung

Driver Tel No.:

46415584

(V/L: YES / NO)

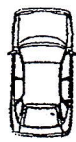
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHE 5706 D



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans Cab



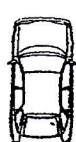
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time       |                                                                                                                             | STAGE                             | DATE / PIC                          |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| 10/7             | SHC 5706D - CC3 MG 180 204 / 12276, 00A: 30/7/18                                                                            | Non-Reporting ltr (1st):          |                                     |
| 2/8              | - CC4 MAXA 16022039 / 444392 : 00A: 30/7/18                                                                                 | Non-Reporting ltr (2nd):          |                                     |
|                  | SLT 6957 C-X                                                                                                                | Non-Reporting ltr (Final):        |                                     |
|                  | - MINUSSED                                                                                                                  | Notification ltr (if non-pickup): |                                     |
|                  |                                                                                                                             | Call OI:                          |                                     |
|                  |                                                                                                                             | After call ltr to OI:             | 10/8/18 - UK                        |
| 10/8/18 @ 2:45pm | - BROKE TO OIB. HE CONTINUED ACCIDENT DETAILS & REPAIR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE & RETURNED NOO ISSUES. | Documentation Check List:         | Handler Typist                      |
|                  | - FOR BULK SETTLEMENT.                                                                                                      | 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 checked="" 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"/>            |

|                    |            |          |
|--------------------|------------|----------|
| PRELIMINARY ADVICE | Date/Time: | Sent By: |
|--------------------|------------|----------|

|              |            |               |             |
|--------------|------------|---------------|-------------|
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
|--------------|------------|---------------|-------------|

|              |    |                                          |                                                              |
|--------------|----|------------------------------------------|--------------------------------------------------------------|
| Repair Cost: | US | S\$ 2,700.00 ( 2.5 days) Reduction: 94 % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
|--------------|----|------------------------------------------|--------------------------------------------------------------|

|                  |                     |                      |                                                                         |
|------------------|---------------------|----------------------|-------------------------------------------------------------------------|
| FINAL SETTLEMENT | Date/Time: 28/08/18 | Confirm with: JAWINE | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
|------------------|---------------------|----------------------|-------------------------------------------------------------------------|

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

|                       |              |  |                      |
|-----------------------|--------------|--|----------------------|
| Repair Cost: (w/loss) | S\$ 2,889.00 |  | COLO REPAIR-ENDED TP |
|-----------------------|--------------|--|----------------------|

|                       |                                |  |  |
|-----------------------|--------------------------------|--|--|
| Loss of Rental (LOR): | S\$ 304.38 ( 3 days) X 9101.46 |  |  |
|-----------------------|--------------------------------|--|--|

|                    |                          |  |  |
|--------------------|--------------------------|--|--|
| Loss of Use (LOU): | S\$ 150.00 x 3 days TP61 |  |  |
|--------------------|--------------------------|--|--|

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

|                                                                                |                                                                                       |  |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |  |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|

|                |          |  |  |
|----------------|----------|--|--|
| GIA/LTA Search | S\$ 7.19 |  |  |
|----------------|----------|--|--|

|          |       |  |                                               |
|----------|-------|--|-----------------------------------------------|
| Medical: | S\$ - |  | 1) Claim status: Normal/Reject/Private Settle |
|----------|-------|--|-----------------------------------------------|

|               |       |                         |                   |
|---------------|-------|-------------------------|-------------------|
| Disbursement: | S\$ - | (e.g. Tow/ Independent) | 2) Report Format: |
|---------------|-------|-------------------------|-------------------|

|            |       |  |                         |
|------------|-------|--|-------------------------|
| Legal Cost | S\$ - |  | 3) Survey fee: \$320.00 |
|------------|-------|--|-------------------------|

|        |              |                 |   |
|--------|--------------|-----------------|---|
| Total: | S\$ 3,200.87 | Global Sum S\$: | - |
|--------|--------------|-----------------|---|

|               |            |               |                                                              |
|---------------|------------|---------------|--------------------------------------------------------------|
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
|---------------|------------|---------------|--------------------------------------------------------------|

|          |              |         |                                 |
|----------|--------------|---------|---------------------------------|
| Payee 1: | S\$ 3,200.87 | Name 1: | TRANS-CAB AUTO SERVICES PTE LTD |
|----------|--------------|---------|---------------------------------|

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

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