

15/5/2010

INS. CASE OWNER:

CC 4/EOI 180

12919, T1 JWS

LKK:

IDAC:

Surveyor:

-RAUPH

DOI:

18/07/18

Date / Time:

13/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YN 3210

Name of Insured:

KHM SON ENGINEERING P/L

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A.:

31/7/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHINMADURAI SIVAKUMAR

Driver Tel No.:

83440639 / 62543982

(W/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

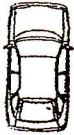
0MCPH17-006629
M17.

MORISSA PARK

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

Insured Liability: % Final ? Yes / No

SJT 8868L



INSRS:

WSP:

Tel:

Liability:

RMKS:

pml



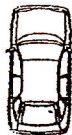
INSRS:

WSP:

Tel:

Liability:

RMKS:



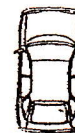
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

17/7/18
M17

SJT 8868L - X; YN 3210 - 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:

17/7/18

Confirm accident details. Inform TP claim.
O2P Reversed hit parked TP. 1st car
Gnd out

- PINKUPTD.

- ORIGINAL TP LOD IN

18/01/19

- GNDP ACCEPTANCE SIGNED TO TP.

- NO PV REQUIRED.

- ALL DOCS IN ORDER

- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PP

S\$

3,105.90

(3

days) Reduction:

29

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

N16

If NO or B 28, Ass. Lia:

Repair Cost:

CWLGET

S\$

3,323.31

Loss of Rental (LOR):

S\$

221.70

(3

days) X 970

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\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00

Total:

S\$

3,550.01

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,550.01

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-