

INS. CASE OWNER:

NORWICH

CC 4 / A16 120 13334 / Khab

LKK:

UDAC:

Surveyor:

Kenneth

DOI:

23/7/18

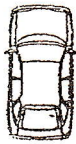
Date / Time:

23/7/18

Registered in Merimen:

23/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKM 1981M

Name of Insured:

Pang Shian Ling, Angela

Insured Tel No.:

HP:

96396691

Excess Sec II :SS

D.O.A:

12/7/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

89617036A99G

Policy No.:

1700012421

Make / Model:

Igniter XE

Place of Accident:

AYE 7 Tm AS.

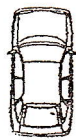
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SJW 17525



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chew hoon



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

25/7/18
VIC

SJW 17525 - X; SKM 1981M - X

- TO confirm D.O.A. TP. 12/7/18 : 01 - 11/7/18

09/10/18

@ 10:14AM

@ 2:20PM

- INTERNET DOWN

- CALL OI. NO RESPONSE.

- SPOKE TO OI. COMMITMENT FOR ON 12/7

NO PER TP 4 REAR-ENDED TP. INFORMED

TP CASH, AGREED TO SETTLE 4 HOURS

NOO KINGS. SEND LETTER TO OI.

- BUILT LITELITY CLEAR

- FINISHED

- ORIGINAL TP LOB IN.

- SEND 1st OFFER TO TP.

- TP REQUESTED LOR. PROPOSED 10 DAYS.

- TP ACCEPTED OFFER.

- ALL DOCS IN ORDER.

- TO CLOSE.

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:

09/10/18 - VIC

22/10/18

22/10/18

29/08/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$

2,500.00

(5

days) Reduction:

42

%

Email

Call

FINAL SETTLEMENT

Date/Time:

29/08/19

Confirm with

HOM

CHOW

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/GR)

S\$

2,675.00

Loss of Rental (LOR) (w/GR)

S\$

856.00

(8

days) x \$100.00

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\$

-

Total:

S\$

3,533.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,500.00

Name 1:

CHOW

GOON

Name 2:

MOTOR

Payee 2: (Strike if N.A.)

S\$

-

Name 3:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00