

INS. CASE OWNER:

MOONACHI

CC 4 / III180

14924, Kha393

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

16/8/18

Date / Time:

16/8/18

Registered in Merimen:

16/8/18

Pre-assign / CCU / FTE

SKL 3354R



Insured Vehicle No.:

SKL 3354R

Claim No.:

MC 2018272A

Name of Insured:

QWEK WEE LING

Policy No.:

M493913

Insured Tel No.:

HP:

Make / Model:

BMW 520

Excess Sec II :SS

D.O.A.:

15/8/2018

Place of Accident:

BILHAN ST 22

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

DUKE KIM HUA @ QWEK WEE LING

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

YES / NO

Driver Tel No.:

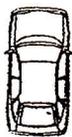
9681118

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No

SAB 9602Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



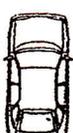
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
23/8/18	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
18/8/18		
	- III APPROVED MANDATE. SEND ACCEPTANCE TO III	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S 2,750.00 (2 days)	Reduction: 86 %
		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with
		WAI YIN
		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15
Repair Cost: (w/acc)	\$S 2,942.50	
Loss of Rental (LOR):	\$S 150.50 (2 days) x 75.25	
Loss of Use (LOU):	\$S 80.00 x 2 days	
Loss of Income (LOI):	\$S - (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S -	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 3,173.00	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 3,173.00	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: -