

INS. CASE OWNER:

Sallha

CC

6 / ALH 180 15608

GFA39V

LKK:

IDAC:

Surveyor:

KGD

DOI:

23/8/2018

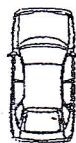
Date / Time:

23/8/2018

Registered in Merimen:

27/8/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJP 7625 Z

Name of Insured:

Lim CHEN TJUAN PHILIP

Insured Tel No.:

9188 4253

HP:

97722930

Excess Sec II : S\$

D.O.A.:

18/8/2018

Claim No.:

830756643956

Policy No.:

2100341863

Make / Model:

Mazda 2

Place of Accident:

JUN PA10H

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lim Shi Han Keith SATAH

Driver Tel No.:

(V/L: YES / NO)

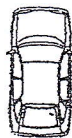
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGQ 7920B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Success
United

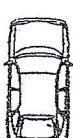
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

30/8
cpl

SGQ 7920B - X: SJP 7625 Z - X

File radio BOLA 27, send letter to OI

pending LOD

File pass to type mandate report

16/08/19

- seek WANDATE APPROVAL TO AG

12/09/19

- AG APPROVED WANDATE.

- SEND ACCEPTANCE EMAIL TO TP

13/09/19

- received PI.

- All docs in order.

- to close

After point photo

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: 17/5/2019

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:

PRELIMINARY ADVICE Date/Time:

28/8/2018

Sent By:

CPK

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L\$

S\$ 7,800.00

(9 days)

Reduction:

69

%

Email

Call

FINAL SETTLEMENT

Date/Time:

12/09/19

Confirm with

CORONA

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

CWL/GRD

S\$ 8,346.00

Loss of Rental (LOR):

S\$ 1,200.00

(10 days)

x

4,120.00

Front to rear collisions

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\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4,320.00

Total:

S\$ 9,546.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 9,546.00

Name 1:

SUOCOR UNITED PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-