

INS. CASE OWNER: **LOH CHEE HENG**CC **G/ A16 180 16734 / Ufa3**

LKK:

IDAC:

Surveyor:

Mapins

DOI:

13/9/18

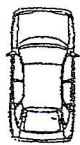
Date / Time:

13/9/18

Registered in Merimen:

13/9/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCU 788P

Name of Insured:

ONG WEE HONG

Insured Tel No.:

HP:

97811581

Excess Sec II : \$S

D.O.A.:

12/9/2018

Claim No.:

565436543656

Policy No.:

170069344

Make / Model:

Mazda 3

Place of Accident:

CIP behind bedok Central

Is driver the owner?

(☒ YES / NO)

Nature of Accident:

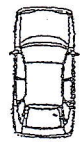
If NO, Driver Name / Age:

Driver Tel No.:

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability: %

Final ? Yes / No

SCJ 8mk

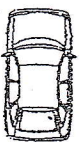
INSRS:

WSP:

Tel:

Liability:

RMKS:

Hock wan

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

18/9/18
CHC**SCJ 8mk - X;****SCU 788P - CB/ALB9010699/91 ; D.O.A. 1/8/2018****Liability not clear****FINISHED****03/09/19****FILE REVIEWED. OI REQUESTED TO PACE. TP DROVE PRG. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCB ISSUES.****TP REQUEST. STILL PURSUING CLAIM****NO FEEDBACK FROM TP****30/03/2020****EMAIL TO AIG TO SUBMIT WP REPORT TO CLOSE.****Need attn report photo****(P)**

PRELIMINARY ADVICE Date/Time:

18/9/18

Sent By:

HMK

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P \$S 1,100.00 (3 days) Reduction: 26 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

2A

If NO or B 28, Ass. Lia:

Repair Cost:

\$S -**COI REQUESTED TO PACE**

Loss of Rental (LOR):

\$S -

(days)

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 -

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$290.00

Total:

\$S -

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S -

Name 1:

-

Payee 2: (Strike if N.A.)

\$S -

Name 2:

-

Payee 3: (Strike if N.A.)

\$S -

Name 3:

-