15/5/2018

BNS. CASE OWNER: CC4 / EQL180 | 6834 / U has | LKK: | IDAC:

Surveyor: Mappers | DOI: 13/9/18 | ASSIGNMENT | Date / Time: 14/9/2018.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJN 4776B

Name of Insured : PATRICK CHEAH POH JIN

Insured Tel No. : — HP: —

Excess Sec II :S$ — D.O.A : 13/9/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : Quah Leyming.

Driver Tel No. : 91069028 (V/L: YES / NO)

Claim No. :

Policy No. : DMPPHQ18-000849

Make / Model : T-AXIO.

Place of Accident : East Coast Rd

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

Insured Liability : % Final ? Yes / No

SMC7094M →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Kah Motor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SMC7094M. X;
	SJN4776B. CC3/EQ1/180/4889/6134; DOA: 13/9/18
21/9/18@11.32am	Called OID, Ms Quah. Not pick up (x2).
13/12/18	- TP VIDEO IN. V DRIVE/ VIC/ SMC7094M - SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- FINALISED. - TP LOD IN BY EMAIL
13/12/18	- SEND ACCEPTANCE EMAIL TO TP. - NO PU REQUIRED. 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:	1 CH 21/9/18
After call ltr to OI:	13/12/18 - VIC

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher: NO PU		
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: 24/08/18 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 5,521.78 (5 days) Reduction: 38 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/12/18 Confirm with PLEAZ Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

Repair Cost: (W/GST) S$ 5,908.30

Loss of Rental (LOR) (W/GST) S$ 535.00 (5 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$ —

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

Total: S$ 6,443.30 Global Sum S$: —

If NO or B 28, Ass. Lia : OLD REPTZ-ENDED TP

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $ 400.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 6,443.30	Name 1:	KAH MOTOR CO. SDN BHD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—