

INS. CASE OWNER

CC 3 / CTI 180 18826, N 1803

LKK:

IDAC:

Surveyor:

Nw2

DOI:

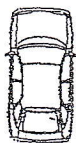
9-10-18

Date / Time:

9-10-18

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No.:

Em 9399M

Claim No.:

SNM18D04832002

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

8/10/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

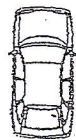
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHB 1802R



INSRS:

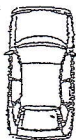
WSP:

Tel:

Liability:

RMKS:

SMPT.m



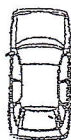
INSRS:

WSP:

Tel:

Liability:

RMKS:



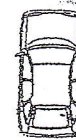
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

25/11

mmp

SHB 1802R - 16/11/2018 15:36 / 18163; 00A: 21/4/13
 Em 9399M - 13/11/2018 08:24 / 18163; 00A: 24/4/13
 - 13/11/2018 22:30 / 18163; 00A: 16/11/13

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:

10/5/19
vivan

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:

10/5/19

Confirm accident details - inform TP dam.
 letter send out.

Receive CC IV From TP - AUTO IN U DRIVE

- 18/11/18

- TP LOP IN BY EMAIL

25/07/19 @ SHB

GROUP TO OI 4 OI WORKSHOP AH HANG,
 MANAGED TO CLAIM 20% ONLY.

- SEND 1ST OFFER TO TP

26/07/19

- TP ACCEPTED OFFER

29/07/19

- IN BOOK IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

10/10/18

Sent By:

d3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$ 1,100.00

(2 days)

Reduction:

64

%

Email

Call

FINAL SETTLEMENT

Date/Time:

26/07/19

Confirm with

LBB GSK

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. : 24

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 1,100.00

Loss of Rental (LOR):

S\$ 535.00

(4 days)

x \$133.75

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\$ 7.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$ 1,642.00

Global Sum S\$:

1,640.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 1,640.00

Name 1:

SHRT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-