

INS. CASE OWNER:

AIDA

CC 3/111 180

H872, T.ha39

LKK:

IDAC:

Surveyor:

TAUPIKH

DOI:

F12/18

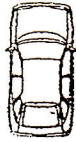
Date / Time:

5/11/18

Registered in Merimen:

5/12/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 3341 K

Claim No.:

MOT18110953

Name of Insured:

CTP

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

30/11/2018

Place of Accident:

Kim Seng Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

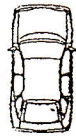
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKA 5676 B



INSRS:

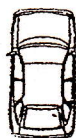
WSP:

Tel:

Liability:

RMKS:

pml



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/11/18
26

SKA 5676B - x;

SHC 3341K, call mtg 80053671/46392; DOA: 25/12/18

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:

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:

07/12/18

PUE REVIEWED. OLD REPORT SUBMITTED TP.

95% LIABILITY WANDATE TO III.

M. APPROVED BIG

12/12/18

SMALL LIABILITY CLAIM

PENDING COR MINISTRATION

PENDING.

TP LOD IN.

22/02/19

TYPE REPORT FOR WANDATE APPROVAL

REPORT DONE

07/03/19

95% WANDATE TO III BY MERIMON.

III APPROVED WANDATE

13/03/19

ALL DOCS IN ORDER. CONFIRMED

AMOUNT PAID AS LOD.

TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P S\$ 3,853.70 (3 days) Reduction: 40 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

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

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss)

S\$ 4,123.46

OLD REPORT SUBMITTED TP)

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 360.00 (\$120 x 3 days)

ORIG. TP LOD w/ III

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

3) Survey fee:

\$360.00

Total:

S\$ 4,483.46

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,483.46

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: