

15/5/2010

INS. CASE OWNER: **ESTRANGED**

CC **Y/AIG1802 2001, AHBZ**

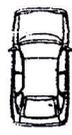
LKK:
IDAC:

Surveyor: **WMP**

DOI: **6/2/18**

Date / Time: **5/1/18**
Registered in Merimen: **6/1/18**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SLU 8473M**
Name of Insured : **LAM SHYU HANG LAM SHUN**
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A: **1/1/18**
Is driver the owner? (YES / NO) **(YES)** Nature of Accident: _____

Claim No. : **960720170554**
Policy No. : **1700885976**
Make / Model : **MITSUBISHI**
Place of Accident : **YUE**

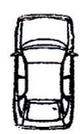
If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO) **(YES)**

OI GIA REPORT: **(YES)** NO ; TP GIA REPORT: **(YES)** / NO
Insured Liability : % **Final ? Yes / No**

SGJ. 961R



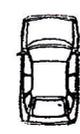
INSRS: _____
WSP: **JACK CARS**
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
11/1/18	SGJ 961R - X	5/1/18 - X
25-1-19	1020 AM SPOKEN W/ MR. LAM CONFIRMED. HE SAID TP HIT UT VEH UT. AGREED & AWARE (C) ISSUE	
24/02/19	TP ACCEPTED OFFER. ALL DOCS IN ORDER. TO CLOSE.	
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L16	\$S 3,500.00 (15 days)	Reduction: 77 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 24/07/19	Confirm with: THANA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: 65F	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100 (3 VEH. C.C., 01 UNIT)
Repair Cost:	\$S 3,745		
Loss of Rental (LOR):	\$S 1,400 (14 days)	100	
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S 2.00		
Medical:	\$S -		1) Claim status: (Normal) /Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: \$320.00
Total:	\$S 5,147.77	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 5,147.00	Name 1: JACK CARS ENTERPRISE PTE LTD	
Payee 2: (Strike if N.A.)	\$S X	Name 2: X	
Payee 3: (Strike if N.A.)	\$S _____	Name 3: _____	