

INS. CASE OWNER: **LEE HING YAO**

CC 4 / AG 180

22409, Gha3

LKK:

IDAC:

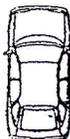
Surveyor: **KND**

DOI: **13/12/2018**

Date / Time: **13/11/18**

Registered in Merimen: **13/12/18**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMC 1140 C**

Claim No. : **477964079796**

Name of Insured : **COA TAN Yong**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : **10-12-18**

Place of Accident : **Yuehuen Ave 9**

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

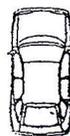
If NO, Driver Name / Age : _____

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

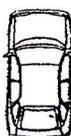
Driver Tel No. : _____ (V/L: **YES** / NO)

Insured Liability : % Final ? Yes / No

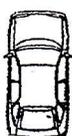
SGN 1462 L



INSRS: **Starts**
WSP: **auto.**
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
15/12/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	SGN1462L - X ; SMC 1140 C - X OI TURNING INTO MAIN ROAD TP STRAIGHT AHEAD 204 25-1-19
25-1-19	Documentation Check List:	
19-7-19	Notification ltr (if non-pickup) <input type="checkbox"/> After call ltr to OI: BUMIL <input checked="" type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> Release Voucher: <input checked="" type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> Car Rental Invoice: <input checked="" type="checkbox"/> Towing Invoice <input type="checkbox"/> LTA / GIA : <input type="checkbox"/> Medical Bill: <input type="checkbox"/> PIR: <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> LOD <input checked="" type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/>	
29/08/19 05/09/19	Post-Repair Photos: <input type="checkbox"/> Others: <input type="checkbox"/>	
1102 AM CALLED - NO ANSWER		
- FINALED PENDING LOD - TP LOB IN BY BUMIL - SEND 1ST OFFER TO TP - TP ACCEPTED OFFER. - ALL BOCS IN ORDER. - TO CLOSE		

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **US** S\$ **3,000.00** (**4** days) Reduction: **49** % Email Call

FINAL SETTLEMENT Date/Time: **05/09/19** Confirm with: **QUINASH** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **9** If NO or B 28, Ass. Lia : **COI FROM WINDR P&A**

Repair Cost: S\$ **3,000.00**
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ **600.00** x **6** days **WINDR INVOICE.**
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\$ **3,600.00** Global Sum S\$: **3,600.00**
1) Claim status: **Normal**/Reject/Private Settle
2) Report Format:
3) Survey fee: **\$320.00**

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

Payee 1: S\$ **3,600.00** Name 1: **STARTS AUTO ENGINEERING(S) PTE LTD**
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____