

INS. CASE OWNER:

MOON

CC

4/11

180

22730 / 71ha3

LKK:

IDAC:

Surveyor:

Tampik

DOI:

18/12/18

Date / Time :

18/12/18

Registered in Merimen:

18/12/18

Pre-assign / CCU / FTE

SKW3321C



Insured Vehicle No. :

704 Ju HONG

Claim No. :

MPC2018 50000270

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

VIA K3

Excess Sec II :\$S

D.O.A :

14/12/2018

Place of Accident :

MIDWAY RD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

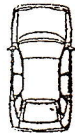
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 2376R



INSRS:

WSP:

Tel :

Liability :

RMKS:

Prime Auto.



INSRS:

WSP:

Tel :

Liability :

RMKS:



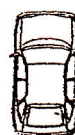
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

21/12

SHD 2376R - C31AK4160214931KJ6392: DPA: 14/12/18

SKW 3321C - X

- PINKUARD.

- POTENTIAL RESORT CLAIM

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:

26/12/18

- FILE REVIEWED. CONFLICTING VERSIONS.

- OI REPORTED TP CUT LANE. TP REPORTED BOTH CHANGED TO WARED CHUTE LANE.

- OI GOT VIDEO FOOTAGE.

- BUILT LIABILITY UNCLEAR.

26/12/18

- OI VIDEO FOOTAGE IN. V DRIVE/16/12/18/3321C.

- III AGREED TO RESORT CLAIM.

14/01/19

- TP LOW IN BY BUILT.

- BUILT TO TP RESORT

- TO CLOSE.

Reject Case

By (staff) : VIC

Approved by : VIC

Date : 14-01-19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L/G

S\$ 3,900.00 (5 days) Reduction: 37 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ -

CONFLICTING VERSIONS

Loss of Rental (LOR):

S\$ -

(days)

"RESORT CLAIM"

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\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

+ 250.00

Total:

S\$ -

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ -

Name 1:

-

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-