

15/5/2010

INS. CASE OWNER:

CC /EQI1802

LKK:

IDAC:

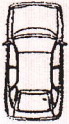
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

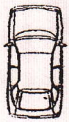
Place of Accident:

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

Insured Liability: %

Final ? Yes / No

SLN 8247C



INSRS:

WSP:

Tel:

Liability:

RMKS:



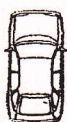
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

16/6/19

WZ

11/02/19

11/02/19

4/6/19

SLN 8247C - X
 ABP 5545G - 11/11/19 10:17 AM / 14/12/19 10:17 AM
 - FINISHED
 - FILE REVIEWED. OLD REPAIR ENDED TP.
 SEND LETTER TO OI TO NOTIFY TP
 CLAIM & NOB LETTERS.
 - TYPE REPORT WHILE HANDLING LOB
 - REPORT DONE
 - TP LOB IN BY EMAIL
 MANDATE APPROVED
 - PROCEED TO CLOSE AS AMOUNT SAME WITH LOB
 - TP ACCEPTED OFFER.
 - ALL DOCS IN ORDER.
 - TO CLOSE.

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: 11/02/19 - UK

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: DO BY

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time: 02/10/19

Sent By: BS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 11,784.19 (8 days) Reduction: 15 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 4/6/19

Confirm with: MEY WONG

Email ☒ Call ☐

Final Liability:

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

If NO or B 28, Ass. Lia:

Repair Cost: CUL/650

S\$ 12,609.08

COLD REPAIR ENDED TP)

Loss of Rental (LOR):

S\$ 720.00 (6 days) X \$120.00

ORIGINAL TP LOB 11/02/19

Loss of Use (LOU):

S\$ - (S x days)

Loss of Income (LOI):

S\$ - (S x days)

LOR only ☒LOU only ☐LOR + LOU ☐LOR + LO ☐

[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: TP

Legal Cost

S\$ -

3) Survey fee: \$400

Total:

S\$ 13,331.08

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 13,331.08

Name 1:

VOLKSWAGEN CENTRE SINGAPORE

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-