

15/5/2010

INS. CASE OWNER:

NOREAH

CC 4 / 116 1900

0695, 0 has

LKK:

IDAC:

Surveyor:

Bryan

DOI:

11.19

Date / Time:

10-1-19

Registered in Merimen:

11-1-19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLV 56714

Name of Insured:

LOW HATE PEG MALAMATE

Insured Tel No.:

HP:

Claim No.:

143790965456

Policy No.:

1800006460

Make / Model:

Place of Accident:

Kongas Ave 3

Excess Sec II :SS

D.O.A.:

8/1/2019

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

SLP 1866K



INSRS:

WSP:

Tel:

Liability:

RMKS:

KARZ WORKS



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

12/1/19
24C

SLP 1866K 7
SLV 56714 MALAMATE 19.00058124 ; WTA 1/8/19
- CS3 / 116 19 00058124 ; WTA 8/1/19

16/4/19 @ 4.40pm
- KHANCHWA

- Spoke to OI. OI is not sure w/p. +/right was red or green. OI informed that the Police Hearing is ongoing and police alleged that +/I was red. Informed OI on TP claim - aware of mva and NCD will be affected. Police Hearing: 8th May

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:

17/5/19

Final 2/3 2750/- with 4 days 2

- ORIGINAL TP LAB IN

30/05/19

- 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:

L19

S\$ 2,750.00

(4 days)

Reduction:

63

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

LITMA

Email

Call

Final Liability:

%

100

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 2,750.00

Loss of Rental (LOR):

S\$ 720.00

(6 days)

x 2720.00

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\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 3,477.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,477.45

Name 1:

KARZ WORKS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-