

INS. CASE OWNER:

KUN HONG

CC

6 / AIG 1900 1490 / Kja39

LKK:

IDAC:

Surveyor:

ICSL

DOI:

23/01/19

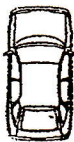
Date / Time:

23/01/19

Registered in Merimen:

23/01/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKB 7070 K

Name of Insured:

CHEAH POH MENG

Insured Tel No.:

HP:

23/01/19

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

0673203480G

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SLZ 9372M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Optima work



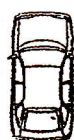
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

24-1-19

SLZ 9372M - X; SKB 7070 K - X

MANDATE

24-1-19 @ 320 CALLED - NO ANS.

21/01/19
22/01/19

- SEND LETTER TO OI.
 - SEND MANDATE IN WORKMAN
 - RIG APPROVED MANDATE
 - SEND 1ST OFFER TO TP.
 - TP ACCEPTED OFFER. ALL WORK IN ORDER.

27-5-19
11/1/19

LOD IN. FOR MANDATE
 Ltr sent to OI

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: 010719-211119

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 101

SS 9,263.16 (5 days) Reduction: 14 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100

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

If NO or B 28, Ass. Lia:

Repair Cost: 65T

SS 9,911.92

Loss of Rental (LOR): 65T

SS 856

(8 days) 100

Loss of Use (LOU):

SS -

(\$ x days)

Loss of Income (LOI):

SS -

(\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS 2. x x

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

Total:

SS 10,769.92

Global Sum SS: 10,760.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS 10,760.00

Name 1:

OPTIMA WORKS PTE LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

-

Payee 3: (Strike if N.A.)

SS -

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

OLD HIT PARKED

VEHICLES