

15/5/2010

INS. CASE OWNER:

STANDARD

CC

6 / ALG 1900 1645 / A J23

LKK:

IDAC:

Surveyor:

LWP

DOI:

23/01/19

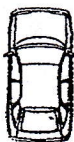
Date / Time:

23/01/19

Registered in Merimen:

28/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

STW 1877R

Claim No.:

10588335710G

Name of Insured:

LIM SAM HEE

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

16/01/19

Place of Accident:

BLK 503 Jany west CP

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

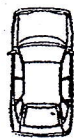
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SKZ 4562B



INSRS:

WSP:

Tel:

Liability:

RMKS:

chew motor



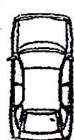
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
24/1	SKZ 4562B. X ; STW 1877R. X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
06/08/19 @ 10:05 PM	GROUP TO MR GAO (OI LAWYER), NOT PURSUING CLAIM DUE TO TP EVIDENCE. HS AGREE TO GAO.	Call OI:	25-5-19 JOY
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	EMAIL ☒
		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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	46	S\$ 1,800.00 (3 days) Reduction:	69 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 06/08/19	Confirm with: SURGI	Email ☒ Call ☐
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Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia:
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Repair Cost:	S\$ 1,800.00			
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Loss of Rental (LOR):	S\$ -	(days)		
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Loss of Use (LOU):	S\$ 180.00 (\$60 x 3 days)			
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Loss of Income (LOI):	S\$ -	(\$ x days)		
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
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GIA/LTA Search	S\$ 7.45			
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Medical:	S\$ -			1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ -	(e.g. Tow/ Independent)		2) Report Format:
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Legal Cost	S\$ -			3) Survey fee: \$320.00
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Total:	S\$ 1,987.45	Global Sum S\$:	-	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 1,987.45	Name 1:	CHAW MOTOR PTB LTD
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Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-
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Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-
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