

INS. CASE OWNER: LOH CHENG HONG

CC 6, AIG 1900 1694, Aha3

LKK:  
IDAC:

Surveyor: WMP

DOI: 24/01/19

Date / Time: 24/01/19

Registered in Merimen: 28/01/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 32345  
 Name of Insured : PHILIP CHARLES ZWATH  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A: 11/12/18  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 2042148005G  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place 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

SFR 77426



INSRS:  
WSP: Chen Meng  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time        | STAGE   | DATE / PIC |
|-------------------|---|------------|
| <u>24/1</u>       | <u>SFR 77426 - X; SJE 32345 - X</u>   |            |
| <u>8/19</u>       | <u>H2R - B527 - 1009.</u>   |            |
| <u>19/07/19</u>   | <u>- FILE REQUIRVED. OLD PART ENDED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM IN ACC REGRS. - FINISHED</u> |            |
| <u>13/08/2020</u> | <u>SETTLED &amp; CLOSED (All docs uploaded in VIEWS)</u>  |            |

|  |                                   |  |  |                               |                          |
|--|-----------------------------------|--|--|-------------------------------|--------------------------|
| <b>PRELIMINARY ADVICE</b>                    | Date/Time:                        | Sent By:                                     | Post-Repair Photos:                                      | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>FINALIZATION</b>                          | Date/Time:                        | Confirm with:                                | Others:  | <input type="checkbox"/>      | <input type="checkbox"/> |
| Repair Cost: <u>PIP</u>                      | <u>S\$ 4,685.51</u>               | ( <u>3</u> days) Reduction: <u>67</u> %      | Email <input type="checkbox"/>                           | Call <input type="checkbox"/> |                          |
| <b>FINAL SETTLEMENT</b>                      | Date/Time: <u>13/08/2020</u>      | Confirm with <u>KIM SENG</u>                 | Email <input checked="" type="checkbox"/>                | Call <input type="checkbox"/> |                          |
| Final Liability:                             | % <u>100</u>                      | (Agreed / Assessed) BOLA S/N No. : <u>27</u> | If NO or B 28, Ass. Lia: <u>COLD PART-ENDED TP</u>       |                               |                          |
| Repair Cost:                                 | <u>S\$ 4,685.51</u>               |  |  |                               |                          |
| Loss of Rental (LOR):                        | <u>S\$ 680.00</u>                 | ( <u>4</u> days) <u>X</u> \$ <u>170.00</u>   |  |                               |                          |
| Loss of Use (LOU):                           | <u>S\$ -</u>                      | ( \$ x days)                                 |  |                               |                          |
| Loss of Income (LOI):                        | <u>S\$ -</u>                      | ( \$ x days)                                 |  |                               |                          |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>           | LOR + LOI <input type="checkbox"/>                       | [Tick only one]               |                          |
| GIA/LTA Search                               | <u>S\$ 7.45</u>                   |  |  |                               |                          |
| Medical:                                     | <u>S\$ -</u>                      |  | 1) Claim status: <u>Normal</u> / Reject / Private Settle |                               |                          |
| Disbursement:                                | <u>S\$ -</u>                      | (e.g. Tow/ Independent)                      | 2) Report Format: <u>TP</u>                              |                               |                          |
| Legal Cost                                   | <u>S\$ -</u>                      |  | 3) Survey fee: <u>\$ 320.00</u>                          |                               |                          |
| <b>Total:</b>                                | <u>S\$ 5,372.96</u>               | <b>Global Sum S\$: 5,350.00</b>              |  |                               |                          |
| <b>FINAL PAYMENT</b>                         | Date/Time:                        | Confirm with:                                | Email <input type="checkbox"/>                           | Call <input type="checkbox"/> |                          |
| Payee 1:                                     | <u>S\$ 5,350.00</u>               | Name 1: <u>CHEN MENG MOTORS</u>              |  |                               |                          |
| Payee 2: (Strike if N.A.)                    | <u>S\$ -</u>                      | Name 2: <u>-</u>                             |  |                               |                          |
| Payee 3: (Strike if N.A.)                    | <u>S\$ -</u>                      | Name 3: <u>-</u>                             |  |                               |                          |