

15/5/2010

INS. CASE OWNER:

Kuan Meng | CC 3 / AIG1900 2404, T1 #63

LKK:
IDAC:

Surveyor:

MTH

DOI:

4/3/2019

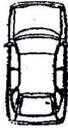
Date / Time:

11/1/19

Registered in Merimen:

11/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLZ 7267K

Claim No. :

862904224539

Name of Insured :

GRODDRELL CAR RENTAL PTE

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

11/1/19

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SFP 91297

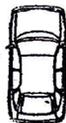


INSRS:
WSP:
Tel:
Liability:
RMKS:

performance



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	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:	4/4/19
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

SFP 91297 - X
 SLZ 7267K - noted issues of 1/3 on 17/1/19
 - no oi ltr, sent out 2st letter
 - the review, BOLA 27, Rental Company
 - e-mail liability clear
 - send letter to oe
 - the pass to type mandate report
 - MINUSSED
 - ORIGINAL TP LOG IN
 - AIG APPROVED MANDATE
 19/06/19
 07/08/19
 20/08/19
 - SEND 1st OFFER TO TP
 - TP ACCEPTED OFFER.
 - ALL BOSS IN OFFER.
 - TO CLOSE.

PRELIMINARY ADVICE	Date/Time: 5/3/2019	Sent By: LSP
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	\$S 7,990.35 (6 days) Reduction: 35 %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 20/08/19	Confirm with: CAROLINE
Final Liability: % 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST)	\$S 8,549.67	Front to rear collision
Loss of Rental (LOR):	\$S 616.00 (7 days) x \$88.00	
Loss of Use (LOU):	\$S - (\$ x days)	
Loss of Income (LOI):	\$S - (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	\$S 7.15	
Medical:	\$S -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S -	3) Survey fee: \$320.00
Total:	\$S 9,173.12	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 8,557.12	Name 1: PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	\$S 616.00	Name 2: LEE WAH KIN KELLY
Payee 3: (Strike if N.A.)	\$S -	Name 3: -