

INS. CASE OWNER:

Chris Jan

CC 3 / ALG 1900 2633 / J 203

LKK:
IDAC:

Surveyor:

OHJ

DOI:

11/2/19

Date / Time:

11/2/19

Registered in Merimen:

12/2/19

Pre-assign / CCU / FTE

SCX 858E



Insured Vehicle No. : SCX 858E

Claim No. : 26505090309G

Name of Insured : POH BEE LIM

Policy No. :

Insured Tel No. : HP: 812/19

Make / Model :

Excess Sec II :SS D.O.A: 812/19

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

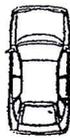
If NO, Driver Name / Age :

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

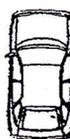
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

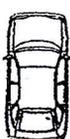
SHBS112Y



INSRS:
WSP: SMART
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time

SHBS112Y - cc91 AXA 13022356 / R1vly3q2 ; por: 23/11/19

STAGE DATE / PIC

18/12
CML

SCX 858E - X

Non-Reporting ltr (1st):
Non-Reporting ltr (2nd):
Non-Reporting ltr (Final):
Notification ltr (if non-pickup):
Call OI:
After call ltr to OI: 30/08/19 - vic

4/4/2019

no body pick up
- MINAUBED
- TP LOD IN BY EMAIL

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 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"/>

30/08/19

MUS REVIEWED. OI CHANGED LANG. SEND LETTER 4 EMAIL TO OI TO NOTIFY TP CLAIM 4 NCD REDUCE.

12/09/19

SEND 1ST OFFER TO TP
- TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE

Date/Time: 16/2/2019 Sent By: HMK

FINALIZATION

Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S\$ 2,662.93 (4 days) Reduction: 69 % Email Call

FINAL SETTLEMENT

Date/Time: 12/09/19 Confirm with: UBS GOK Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,662.93 (OI CHANGED LANG)

Loss of Rental (LOR): S\$ 674.10 (6 days) x 9/12.35

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ 360.00 (\$60 x 6 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 3,704.03 Global Sum S\$: 3,700.00

FINAL PAYMENT

Date/Time: Confirm with: Email Call

Payee 1: S\$ 3,700.00 Name 1: SMART - TAXIS PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$320.00