Kbb3

INS CASE OWNER: LOH CHEW HANG | CC 4/AIG1900 4077, [illegible] | LKK / IDAP

Surveyor: ESC | DOI / ASSIGNMENT: 4/7/19 | Date / Time: 5/7/19

Registered in Merimen: 5/7/19.

Pre-assign / CCT / FTE

Insured Vehicle No.:	SJK 9731B	Claim No.:	47009418/8756
Name of Insured:	MAH WAI HUA	Policy No.:	
Insured Tel No.:	HP:	Make / Model:	
Excess Sec II :S$	D.O.A.: 1/7/19	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.:	(VA/ YES / NO)	Insured Liability: %	Final ? Yes / No

SGF 7621L →

INSRS: WSP: Chew Guan	INSRS: WSP:	INSRS: WSP:	INSRS: WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SGF 7621L → SJK 9731B
11/7/19	- AD OI GIA client call 1st letter. OI RA → $2.5K
01/8	OI GIA Report in
27/08/19	- FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUED. - OI WANTS TO KNOW FINAL COST FOLLOW-UP OI GIA. - AWAIT LIABILITY CLOSE
31/08/2020.	settled & closed (file in drawer).

STAGE	DATE / PIC
Non-Reporting ltr (1st):	11/07/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non pickup):	
Call OI:	
After call ltr to OI:	27/08/19 - VIC

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: HS S$ 2,050.00 (2 days) Reduction: 55.93 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 31/08/2020 Confirm with: Kelly. Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia.: (OI REAR-ENDED TP)
Repair Cost: (wkgt)	S$ 2,193.50	
Loss of Rental (LOR) (wkgt)	S$ 535.00 (5 days) x $100.00	
Loss of Use (LOU):	S$ – (S$ x days)	
Loss of Income (LOI):	S$ – (S$ x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$ 2.00	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ –	3) Survey fee: $ 320.00
Total:	S$ 2,730.50 Global Sum S$: –	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 2,730.50	Name 1:	CHEW GUAN MOTOR
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–