

INS. CASE OWNER:

NORAM

CC6 / ALG 1900

4339 / A73

LKK:

IDAC:

Surveyor:

LWP

DOI:

8/3/19

Date / Time:

8/3/19

Registered in Merimen:

11/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMJ 3422P

Claim No.:

1691862951SG

Name of Insured:

Wm Song Wei Benjamin

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

6/3/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

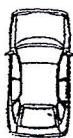
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLS 5882 X



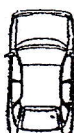
INSRS:

WSP:

Tel:

Liability:

RMKS:

Success
United

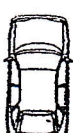
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

20/3

SLS 5882X - X; SMJ 3422P - X

STAGE

DATE / PIC

30/3

- FINISHED
- TP LOG IN BY MAIL

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 25/06/19 - VIC

After call ltr to OI: 21/06/19 - VIC

21/06/19

- FIVE EQUIPMENT. OLD EXISTING C/P W/ STOP
LINE. SEND LETTER & EMAIL TO OI TO NOTIFY
TP CLAIM.

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:

21/06/19

- SEND 1ST OFFER TO TP.

26/06/19
10:40AM- OI CALL. RELATED TO OTHER. AVAIL
NCD RENEW.

20/07/19

- TP ACCEPTED OFFER.
- ALL FOC IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$ 5,300.00 (5 days) Reduction:

61 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 20/07/19

Confirm with:

CIRINA

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 5,671.00

CCATE RATE, OLD W/ STOP LINE

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

560.00 (\$70 x 8 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.15

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

S\$ 6,238.15

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

6,238.15

Name 1:

SUCCESS UNITED PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-