

PWS. CASE OWNER:

BONNIE

CC 6 / ALG 1900

4545, Uha3

LKK:

IDAC:

Surveyor:

MAPPENS

DOI:

13/3/19

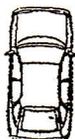
Date / Time:

13/3/19

Registered in Merimen:

13/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLT 70530

Name of Insured:

LWA CHEONG GUAN

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

11/3/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VL: YES / NO)

Claim No.:

651255166206

Policy No.:

Make / Model:

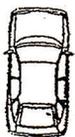
Place of Accident:

LPP THONG ON ROAD

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

Insured Liability: % Final? Yes / No

SLM 2056R



INSRS:

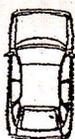
WSP:

Tel:

Liability:

RMKS:

Tan Lim



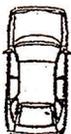
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

2019
10/14

SLM 2056R - X SLT 70530 - X

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:

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:

10/14/2019
@ 10:33 am
- Khanchua

- Spoken to OI. He confirmed the mva. OI
hear ended TP. Informed OI on TP claim.
agreed to settle and aware NCD will be
affected.
- **PAID**
- **TP LOD IN BY EMAIL**

7/10/4/2019 - Khanchua
uc-de

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"/>

16/05/19
17/05/19

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

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PKP

SS 3,669.36 (4 days) Reduction: 60 %

Email Call

FINAL SETTLEMENT

Date/Time: 17/05/19

Confirm with

JOHNSON

Email Call

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/ GST)

SS 3,926.22

COI FROM EMPLOYER TP

Loss of Rental (LOR) (w/ GST)

SS 428.00 (4 days) x \$ 100.00

Loss of Use (LOU):

SS - (\$ x days)

Loss of Income (LOI):

SS - (\$ x days)

LOR only LOU only

LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

SS 7.99

Medical:

SS -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS - (e.g. Tow/ Independent)

2) Report Format:

Legal Cost

SS -

3) Survey fee: 4220.00

Total:

SS 4,361.71 Global Sum SS: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

SS 4,361.71

Name 1:

TAN LIU MOTOR PTE LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

-

Payee 3: (Strike if N.A.)

SS -

Name 3:

-