

245 CASE OWNER

SACHA

CC 4 / M4 1900

7962 / K 9039

LKK
IDAC

Surveyor

Kenneth

DOI

6/5/19

Date Time

6/5/19

Registered in Merit

6/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.

SJS 4393 X

Name of Insured

KIM TIE MILEANE P/L

Insured Tel No

HP

Excess Sec II :SS

D.O.A

3/5/19

Is driver the owner?

(YES / NO)

Nature of Accident

If NO, Driver Name / Age

Driver Tel No :

(V/L: YES / NO)

Claim No.

90238400 409G

Policy No.

Make / Model

Place of Accident

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

Insured Liability : % Final ? Yes / No

SJS 720 A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chen Goon



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJS 720 A - X

SJS 4393 X - 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: 23/06/19 - VC

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:

23/06/19

- THE FOLLOWING OLD INVOLVED IN A 3 VEH.
C.C. OLD CAR OWN. SEND LETTER TO OI.
- ORIGINAL LIABILITY CLERK
- MINUTED
- ORIGINAL TP LOG IN

21/07/2020

- TYPE REPORT FOR MANDATE APPROVAL
- REPORT DONE

09/02/2020

- SEND MANDATE APPROVAL TO AG

17/02/2020

- AG APPROVED MANDATE

18/02/2020

- SEND 1st OFFER TO TP.

21/6/2020

- ~~PROVIDE~~ ~~SUBST~~ ~~TP~~ ~~SETTLED~~ & ~~CLOSED~~.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L6 S\$ 8,000.00 (14 days) Reduction: 47 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with KELLY

Email ☒ Call ☐

Final Liability:

%

100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100%

Repair Cost: (w/loss)

S\$ 8,560.00

(3) VEH - O.C.; OIB CASE

Loss of Rental (LOR) (w/loss)

S\$ 2,461.00 (23 days) X \$100.00

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ - (\$ x days)

OR only ☒ LOU only ☐

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

IA/LTA Search

S\$ 7.45

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\$ 11,028.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 11,028.45

Name 1:

CHOW GOON MOTOR

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: