

INS. CASE OWNER:

RA CC 4, Asm 1900 8197, Uga3

LKK:

IDAC:

114957

Surveyor:

WPKM

DOI:

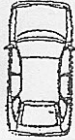
9/1/19

Date / Time:

9/1/2019

Registered in Merimen:

Pre-assign / CCU / RTE



Insured Vehicle No.:

FBP 3125

Name of Insured:

LOW KHEE HENG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

30141.9

Claim No.:

S9M01MUA

Policy No.:

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

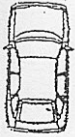
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FB63380Y



INSRS:

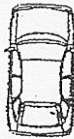
WSP:

Tel:

Liability:

RMKS:

BTH



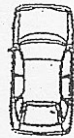
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

FB63380Y. X ; FBP 3125 - X
 9/1/19 OI MP - sent out 1st letter

1/7/19

Called OZ to inform TP claim

OZ claimed got private settlement form,
 awaiting copy from OZ.

4/7/19

Email to workshop to check with TP on private settlement

19/11/19 @ 3:14pm
 19/11/19

TP wls will check with client on PS & get back to us.
 #01 called back. He insured that TP
 had received \$50.00 & signed on the
 paper

15/9/2020

PS form sent.

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:

Yodotika - summary

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: USum

S\$ 230.00

(4 days)

Reduction:

36

%

FINAL SETTLEMENT

Date/Time:

Confirm with:

Raymond

Confirm by:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: W657

S\$ 2461.00

Loss of Rental (LOR):

S\$

(5 days)

Loss of Use (LOU):

S\$

80.00

(\$20 x 4 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

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

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

Total:

S\$ 2543.00

Global Sum S\$: 250.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2500.00

Name 1:

Ban Hock Hin Co. Pte Ltd

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: