

INS. CASE OWNER:

CHAN KWAH HONG

CC 4/ ALH 1900

8407 / K ha3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

4/6/19

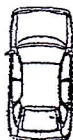
Date / Time:

10/8/19

Registered in Merimen:

13/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDN 3883 C

Name of Insured:

SONG AH LOI

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

5/8/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

0839276970 SG

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

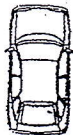
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLN 186 T



INSRS:

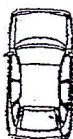
WSP:

Tel:

Liability:

RMKS:

Bt camp



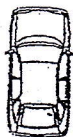
INSRS:

WSP:

Tel:

Liability:

RMKS:



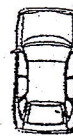
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/8/19

SDN 3883 C - call ALH 1900 8407 / K ha3

02 Called 02 to inform TP claim

- MINAUGED

- TP LOD IN BY BULHIL

06/09/19

- SEND 1ST OFFER TO TP

13/09/19

- TP ACCEPTED OFFER.

- ALL BOCS IN ORDER.

- TO CLOSE.

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:

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PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

1,741.63

(3 days)

Reduction:

84

%

Email

Call

FINAL SETTLEMENT

Date/Time:

13/09/19

Confirm with

CARHON

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

UL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

1,328.54

Loss of Rental (LOR):

S\$

236.85

(3 days)

x \$78.95

(CARHON)

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

1,572.88

Global Sum S\$:

1,570.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,570.00

Name 1:

BSTERM

PERFORMANCE

PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-