

INS. CASE OWNER:

WORTH

CC3 / M6 1900 9121

Jha3

LKK:

IDAC:

Surveyor:

PHJ

DOI:

17/6/19

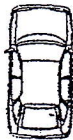
Date / Time:

17/6/19

Registered in Merimen:

23/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SME 927 X

Name of Insured:

POO KEE WANG

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A.:

17/06/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

37700 599 310G

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

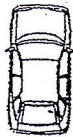
TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMB 1816 B



INSRS:

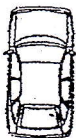
WSP:

Tel:

Liability:

RMKS:

SMP TAN



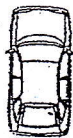
INSRS:

WSP:

Tel:

Liability:

RMKS:



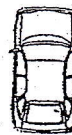
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SMB 1816 B - C31A615014817414392; BOA: 26/08/15
SME 927 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:

17/06/19 - JIMMY

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:

17/6/19

Called OZD to inform TP claim

- MINAUFED

- TP LOD IN BY EMAIL

02/09/19

- SEND 1ST OFFER TO TP

03/09/19

- TP ACCEPTED OFFER.

- ALL DOCS IN ORDER

- TO CLOSE

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P \$S 1,587.83

(3 days)

Reduction:

63 %

Email

Call

FINAL SETTLEMENT

Date/Time: 03/09/19

Confirm with

LBB 06K

Email

Call

Final Liability:

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 1,587.83

Loss of Rental (LOR):

\$S 561.75

(5 days)

X \$112.35

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 700

Medical:

\$S —

Disbursement:

\$S —

Legal Cost

\$S —

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

\$S 2,156.58

Global Sum \$S:

2,100.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S 2,100.00

Name 1:

SHORT TAXIS FTS LTD

Payee 2: (Strike if N.A.)

\$S —

Name 2:

—

Payee 3: (Strike if N.A.)

\$S —

Name 3:

—