

15/5/2010

INS. CASE OWNER:

POO CHH YAN

CC 4 MG 190

11648, K ha3

LKK:

IDAC:

Surveyor:

KSC

DOI:

25/1/9

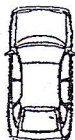
Date / Time:

1/2/19

Registered in Merimen:

2/2/19

Pre-assign / CCU/FTE



Insured Vehicle No.:

SLZ 753 G

Claim No.:

962569237466

Name of Insured:

Blue Spark Chauffeur Service PL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

1/2/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

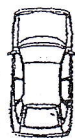
OI GIA REPORT: YES / NO

YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SLN 672U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Estem
pml

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLN 672U - CS3/CT1701576116bn2 ; PVA: 8/8/19	Non-Reporting ltr (1st):	
	SLZ 753 G - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
09/07/19	- FIVE PHOTOS. CONDUCTING VIDEOS. OLD REPORTED HE WAS HIT BEHIND BY TP. TP REPORTED THAT OLD CAR CRASH. SEND LETTER TO OI.	After call ltr to OI:	09/07/19 - UK
	- EMAIL LIABILITY UNCLEAR	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	☐
11/07/19	- EMAIL LIABILITY CLEAR	LTA / GIA:	☒
	- TP LOD IN BY EMAIL	Medical Bill:	☐
02/09/19	- UPLOADED IA IN MERIMEN	PIR:	☐
19/09/19	- HIS APPROVED WANDATE	Mandate/Reject Instruction:	☒
20/09/19	- SEND ACCEPTANCE EMAIL TO TP.	LOD	☒
	- BV IN. ALL DOCS IN ORDER.	Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	☐
	Sent By:	Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: R/P	\$S 5,616.61 (4 days)	Reduction: 52 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/09/19	Confirm with: CARMEN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: NIL	If NO or B 28, Ass. Lia:
Repair Cost: (w/690)	\$S 6,009.77		COID CHANGED LANG
Loss of Rental (LOR):	\$S 467.64 (6 days)	X 677.94	TP VIDEO IN
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 -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S - (e.g. Tow/Independent)		2) Report Format:
Legal Cost	\$S -		3) Survey fee: 4310.00
Total:	\$S 6,484.90	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 6,484.90	Name 1: ESTEM PERFORMANCE PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	