

INS. CASE OWNER:

#00 CHIT YAN

CC3 / ALG 190 / 2274 / K h43

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

10/7/19

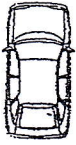
Date / Time:

10/7/19

Registered in Merimen:

11/7/19

Pre-assign / CCU / FTE:



Insured Vehicle No.:

SMA 27646

Claim No.:

963539560483

Name of Insured:

Huang Myung Hwan

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$S

D.O.A.:

8/7/19

Place of Accident:

Is driver the owner?

(- YES / (NO))

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

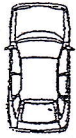
OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

Insured Liability:

%

Final ? Yes / No

SHC 5492U



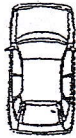
INSRS:

WSP: Trans-cab

Tel:

Liability:

RMKS:



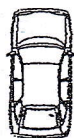
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHC 5492U: CS / SM 019018841 / K432; D.O.A: 15/6/19
SMA 27646: X

Please check/verify JDS DL.

- MANDATE
- ORIGINAL TP LOD IN

14/08/19

- THE EQUIPMENT. OLD WORKING A TURN @
JUNCTION. TP GOING STRAIGHT. SEND LETTER
4 EMAIL TO OI TO NOTIFY TP CLAIM 4
NCP KEROB.

23/08/19

- UPLOAD MANDATE 14 IN WORKBOOK
- HIS APPROVED MANDATE
- SEND 1ST OFFER TO TP.

28/08/19

- TP ACCEPTED OFFER.
- ALL DOCS 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:

14/08/19 - vic

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 46

\$S 4,000.00 (3 days)

Reduction: 87 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 28/08/19

Confirm with

WM YIN

Email ☐ Call ☐

Final Liability:

100

(Agreed / Assessed) BOLA S/N No. 5

If NO or B 28, Ass. Lia:

Repair Cost: (w/65r)

\$S 4,290.00

COLD WORKING TURN

Loss of Rental (LOR):

\$S 387.96 (4 days) x \$96.99

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 7.15

Medical:

\$S -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$S -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$S -

3) Survey fee:

\$320.00

Total:

\$S 4,675.41

Global Sum \$S:

4,650.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 4,650.00

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

-

Payee 3: (Strike if N.A.)

\$S -

Name 3:

-