

INS. CASE OWNER:

CC6/LPC19016389/Uha3

LKK:

IDAC:

Surveyor: MARCUSASSIGNMENT
DOI: 17/09/2019Date / Time: 17/09/2019Registered in Merimen:

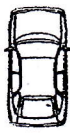
Pre-assign / CCU / FTE

	Insured Vehicle No. :	<u>SJH 8184P</u>	Claim No. :	<u>19/19/19/VP05/022390</u>
	Name of Insured :	<u>FOO CHUAN TECK</u>	Policy No. :	<u>Z19VP05022862</u>
	Insured Tel No. :	HP: <u>+65-96620087</u>	Make / Model :	<u>MAZDA BIANTE-2.0 5DR S/WAGON (A)</u>
	Excess Sec II :S\$	D.O.A : <u>17/09/2019 05:50</u>	Place of Accident :	<u>JUNCTION OF TAMPINES AVENUE 9</u>
Is driver the owner? (<u>YES</u> / NO)		Nature of Accident : <u> </u>		
If NO, Driver Name / Age :		OI GIA REPORT <u>YES</u> / NO ; TP GIA REPORT <u>YES</u> / NO		
Driver Tel No. :		Insured Liability : <u> </u> % Final ? Yes / No		

SJH 2120M


 INSRs:
WSP: HOCK WAH
Tel: MOTOR
Liability:
RMKS:


 INSRs:
WSP:
Tel:
Liability:
RMKS:


 INSRs:
WSP:
Tel:
Liability:
RMKS:


 INSRs:
WSP:
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 INSRs:
WSP:
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Liability:
RMKS:

 INSRs:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
	SJH 8184P - CS/TP10010175/Ucn; DOA: 21/5/10	Non-Reporting ltr (1st):	
	SJH 2120M - CC4/AIG08023599/UDh; DOA: 24/8/08	Non-Reporting ltr (2nd):	
	<u>FINISHED</u>	Non-Reporting ltr (Final):	
	<u>TP LOD IN BY EMAIL</u>	Notification ltr (if non-pickup):	
		Call OI:	
<u>20/09/19</u>	<u>FILE SUBMITTED. OI RATE-ENDED-TP.</u>	After call ltr to OI:	
	<u>EMAIL LIABILITY CLEAR</u>	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: 19/09/19Sent By: 03

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L6</u>	S\$ <u>3,650.00</u> (<u>5</u> days) Reduction: <u>43</u> %			Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: <u>19/12/19</u>	Confirm with: <u>DOHAN</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u>COI RATE-ENDED-TP</u>		
Repair Cost: <u>(w/loss)</u>	S\$ <u>3,905.50</u>			
Loss of Rental (LOR):	S\$ <u>500.00</u> (<u>5</u> days) x <u>\$100.00</u>			
Loss of Use (LOU):	S\$ <u>-</u> (\$ x days)			
Loss of Income (LOI):	S\$ <u>-</u> (\$ x days)			
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>-</u>	1) Claim status: <u>Normal</u> /Reject/Private Settle		
Medical:	S\$ <u>-</u>	2) Report Format:		
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	3) Survey fee: <u>\$400.00</u>		
Legal Cost	S\$ <u>-</u>			
Total:	S\$ <u>4,405.50</u> Global Sum S\$: <u>-</u>			
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ <u>4,405.50</u> Name 1: <u>HOCK WAH MOTOR WORKSHOP PTE LTD</u>			
Payee 2: (Strike if N.A.)	S\$ <u>-</u> Name 2: <u>-</u>			
Payee 3: (Strike if N.A.)	S\$ <u>-</u> Name 3: <u>-</u>			