

LKK:
IDAC

Date / Time : 22/10/19
Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : 201 2103 2
 Name of Insured : THUNG HOW TSE UNEMPLOYED
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$5 D.O.A: 21/10/19

Claim No. : 7190150700067
Policy No. : SHW061
Make / Model : HONDA
Place of Accident : Highway No 6

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age: THOMAS WYATT @ 20W BEE
Driver Tel No.: _____ (VL: YES / NO) FLW

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :	%	Final ? Yes / No
1. General Liability	100	Yes
2. Professional Liability	100	Yes
3. Directors and Officers	100	Yes
4. Employment Practices	100	Yes
5. Fidelity and Bonding	100	Yes
6. Automobile Liability	100	Yes
7. Aircraft Liability	100	Yes
8. Watercraft Liability	100	Yes
9. Umbrella Liability	100	Yes
10. Cyber Liability	100	Yes
11. Environmental Liability	100	Yes
12. Product Liability	100	Yes
13. Construction Liability	100	Yes
14. Marine Liability	100	Yes
15. Aviation Liability	100	Yes
16. Professional Malpractice	100	Yes
17. Intellectual Property	100	Yes
18. Data Breach	100	Yes
19. Privacy Liability	100	Yes
20. Securities Liability	100	Yes
21. Real Estate Liability	100	Yes
22. Healthcare Liability	100	Yes
23. Financial Services Liability	100	Yes
24. Technology Liability	100	Yes
25. Media Liability	100	Yes
26. Entertainment Liability	100	Yes
27. Sports Liability	100	Yes
28. Event Liability	100	Yes
29. Hospitality Liability	100	Yes
30. Food and Beverage Liability	100	Yes
31. Alcohol Liability	100	Yes
32. Gaming Liability	100	Yes
33. Casino Liability	100	Yes
34. Hotel Liability	100	Yes
35. Travel Liability	100	Yes
36. Cruise Liability	100	Yes
37. Rental Liability	100	Yes
38. Storage Liability	100	Yes
39. Warehouse Liability	100	Yes
40. Distribution Liability	100	Yes
41. Logistics Liability	100	Yes
42. Freight Liability	100	Yes
43. Shipping Liability	100	Yes
44. Customs Liability	100	Yes
45. Import Liability	100	Yes
46. Export Liability	100	Yes
47. Trade Liability	100	Yes
48. International Liability	100	Yes
49. Cross-border Liability	100	Yes
50. Global Liability	100	Yes

SLZ 8561R



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC
	SZ 8461R-X	Non-Reporting ltr (1st):	
	SJ F2H05R-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
23/10/19	- FILE REQUIRED. OLD REAR-ENDED TP.	Call OI:	
	- BUNAL LIABILITY CLERK	After call ltr to OI:	
	- FINALISED	Documentation Check List: Handler Typist	
17/01/2020	- TYPE REPORT WHILE PENDING TP LOD	Notification ltr (if non-pickup)	☐
	- REPORT DONE	After call ltr to OI:	☐
3/7/20-	ply gyl dr.	Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GLA:	☒
		Medical Bill:	☒
		PIR:	☐
27/7/2020	retd & closed.	Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE Date/Time: 23/10/19 Sent By: BS			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost: P/P	\$S 6,698.00 (5 days) Reduction: 05-86 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 27/07/2020 Confirm with ASHLIN Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	(OLD REAR-ENDED TP)
Repair Cost: (w/gst)	\$S 7,166.86		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 450.00 (\$ 50 x 9 days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GLA/LTA Search	\$S 2.00	1) Claim status: Normal Reject/Private Settle	
Medical:	\$S 1,438.08	2) Report Format: TP	
Disbursement:	\$S - (e.g. Tow/ Independent)	3) Survey fee: \$ 400.00	
Legal Cost	\$S -		
Total:	\$S 9,056.94 Global Sum \$S: -		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐			
Payee 1:	\$S 9,056.94 Name 1: BORNEO MOTOR(S) PTE LTD		
Payee 2: (Strike if N.A.)	\$S - Name 2: -		
Payee 3: (Strike if N.A.)	\$S - Name 3: -		

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219H

ASSIGNMENT

From: ? Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLZ 8561R

at Workshop m/s BORNEO MOTOR

of 2, PAMM CRESCENT

Insured: Lompac

Policy No. _____

Claims No. _____

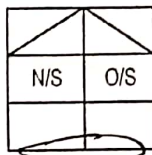
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLZ 8561R

Yr Regn: 2018 / May

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA CHR 1.2 T.A A cc 1197

Colour: Red A/C: Insured / Std / Nil / NA

Sp. Reading: 21508 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTNY 3BXX 01007010

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60 R17

R: _____

BS / SUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 21/10/19

D.O.I. 22/10/19

*Survey held at BORNEO MOTOR

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Plr & G. CARB. 00

CRAB: 910,145.58 / 65.86%

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Wash and ... (\$ _____)

Report Format: _____

Lump Sum / B.B. / ...