

15/5/2010

INS. CASE OWNER: KHOR Saw Theng
6568804754

CC4/ASM20002701/ E pa3

LKK:
IDAC: 160785Surveyor: ShengDOI: 18/02/2020

Date / Time: 17/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

X

Insured Vehicle No. : YP 2593L
Name of Insured : HOTEL LAUNDRY PTE LTD

Claim No. : S0M02FN1

Policy No. : P1790744

Insured Tel No. : HP:
Excess Sec II : \$ 2,000.00 D.O.A: 04/02/2020 00:35

Make / Model : MITSUBISHI FUSO-7.5 D FM65FM2RDEB (M)

Place of Accident : MAYO STREET

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : DONG SHENGLI

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-90591456 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBA 1955J

INSRS:
WSP: KIM KOCK
Tel: MOTOR
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBA 1955J - CS/INC14005008/Ggbu2, DOA: 31.10.13	Non-Reporting ltr (1st):	
	YP 2593L - NA/INC20002422/z4, DOA: 02.02.2020	Non-Reporting ltr (2nd):	
	- CC4/ASM18009263/Kua3q2, DOA: 14.05.18	Non-Reporting ltr (Final):	
	- CS/ASM18008880/T1sd3s2, DOA: 14.05.18	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
26/05/2020	Pls refer to Views for details.	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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
			Others:	☐	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	Email ☐	Call ☐
Repair Cost: L/sum	\$5,850.00	(3 days) Reduction: 36 %			

FINAL SETTLEMENT	Date/Time: 26/05/2020	Confirm with: Ms How	Email ☒	Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
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Repair Cost:	\$5,000.00	(as per AXA mandate)
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Loss of Rental (LOR):	\$ (days)
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Loss of Use (LOU):	\$90.00 (\$30 x 3 days)
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Loss of Income (LOI):	\$ (x days)
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]
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GIA/LTA Search	\$
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Medical:	\$
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Disbursement:	\$ (e.g. Tow/ Independent)
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Legal Cost	\$
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Total:	\$5,090.00	Global Sum \$:
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
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Payee 1:	\$5,090.00	Name 1: Kim Kock Motor Pte Ltd
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Payee 2: (Strike if N.A.)	\$	Name 2:
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Payee 3: (Strike if N.A.)	\$	Name 3:
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1) Claim status: Normal/Reject (Please Tick)
2) Report Format: TP
3) Survey fee: \$350.00