

15/5/2010

INS. CASE OWNER:

BERNARD

CC 3/AIG1700

6886, K

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

6/4/17

Date / Time :

6/4/17

Registered in Merimen:

2/4/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCR 7777

Name of Insured :

TAN SEK CHENG NANCY

Insured Tel No. :

HP: 96644393

Excess Sec II :S\$

D.O.A : 5/4/17

Is driver the owner?

(YES) / NO)

Nature of Accident :

Claim No. :

V00650927659

Policy No. :

V00517509

Make / Model :

LEXUS

Place of Accident :

77 CROWN PLAZA HOTEL

If NO, Driver Name / Age :

Driver Tel No. :

(V/L YES / NO)

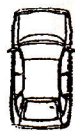
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 178E



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS
CIV

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
11/4/17	SHD 178E-X	Non-Reporting ltr (1st):	
	SCR 7777-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
17/5/2017 @ 10:50 am	call OI (Mrs Nancy @ 96644393) but no response.	Notification ltr (if non-pickup):	
17/5/2017 @ 12:06 pm	OI called in. spoke to OIB. Confirmed accident details and mentioned that OIB is at stationary position when TP hit from behind but has no evidence to prove. Informed that TP claim, aware of New issues and agree to settle. Send letter to OI.	Call OI:	17/5/2017
		After call ltr to OI:	30mm
		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:	

26-07-18

WE SHOULD REJECT THE CLAIM ATTRIBUTED TO REAR ENDING, BUT SHALL REVIEW IF TP CAN PRODUCE EVIDENCE WHICH IS NOT POSSIBLE

23/01/19

- AG INSTRUCTED TO SUBMIT WP REPORT SINCE TP IS INTRINSIC.

20/02/19

- TO CLOSE.

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 119	S\$ 3,000.00 (2.5 days)	Reduction: 81 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : (NIL)	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ -	conflicting versions.	
Loss of Rental (LOR):	S\$ - (days)		
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\$ -		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
Total:	S\$ -	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ -	Name 1:	-
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-

TP INTRINSIC
NO SETTLEMENT

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: WP REPORT
- 3) Survey fee: \$320.00