

Re-opened Case

CC3/EQ118008089/K1pa3q2-1

INS. CASE OWNER: Janice Goh

ASSIGNMENT: Falvin DOI: 21/1/18 Date / Time: 21/1/18

Registered in Merit: —

Pre-assign / CCU / FTE

Insured Vehicle No.: YL 2564S Claim No.: —

Name of Insured: TEO SOON BOO Policy No.: DMPH127-006280

Insured Tel No.: — HP: 96866467 Make / Model: MITSUBISHI

Excess Sec II :\$S — D.O.A.: 1/5/18 Place of Accident: LEMENTI RD BK PHIR

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

If NO, Driver Name / Age: — OI GIA REPORT YES / NO: (YES) TP GIA REPORT YES / NO: (YES)

Driver Tel No.: — (V/L) YES / NO: (YES) Insured Liability: — % Final ? Yes / No: —

INSRS: WSP: — Tel: — Liability: — RMKS: —

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DATE / TIME

2/4/18 - TM

4/10/18 - video footage shared tp encroaching into oi land. video send to Poh Kim / V drive

20/11/18 - seek advice to Dept TP claim

9/3/2020 - sent reminder to Janet

04/03/2021 - file → Meritman track

04/03/2021 - Pls refer to VIEWS for details.

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:

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: Type L/sum: \$1,350.00 (2 days) Reduction: 39 % Email: Call:

FINAL SETTLEMENT Date/Time: 04/03/2021 Confirm with: Alice Email: Call:

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. NIL

W/GST 1,444.50 \$722.25

Loss of Rental (LOR) 294.75 \$147.38 (3 days) x \$98.25

Loss of Use (LOU): \$5 (\$ x days)

Loss of Income (LOI) 150 \$75.00 (\$50 x 3 days)

LOR only LOR + LOU LOR + LOI (Tick only one)

GIA/LTA Search \$7.49

Medical: \$

Disbursement: \$ (e.g. Tow/Independent)

Legal Cost: \$

Total: \$952.12 Global Sum \$920.00

FINAL PAYMENT Date/Time: Confirm with: Email: Call:

Payee 1: \$920.00 Name 1: ComfortDelGro Engineering Pte Ltd

Payee 2: (Strike if N.A.) \$ Name 2:

Payee 3: (Strike if N.A.) \$ Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: 10

3) Survey fee: \$444.4

040321 - No Bill to EQ

COPY SENT 9/3/2020