

15/5/2010

INS. CASE OWNER:

CC 4/LPC1601

LKK:

IDAC:

Surveyor:

Rasm

DOI:

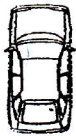
7/8/16

Date / Time:

28/7/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJC 720B

Name of Insured:

YAP POH HOCK

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

25/7/16

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Tay Mui Eng

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

15/16/16/VP00/019056

Policy No.:

2/15/VP00/09509

Make / Model:

MITSUBISHI

Place of Accident:

FALCON WAY SUP RD TO PE

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

Insured Liability:

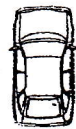
%

Final ? Yes / No

SMB 660P

SJC 720B

FAK 114



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



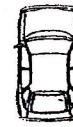
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
7/8/16	Non-Reporting ltr (1st):	
24/8/16	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: 03/08/16	Sent By: LB
31/10/16	- TP Accepted OFFER	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L10	S\$ 550.00 (3 days)	Reduction: 71 %
FINAL SETTLEMENT	Date/Time: 11/10/16	Confirm with: WK WK
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 28
Repair Cost: (W/L)	S\$ 588.50	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 90.00 (\$ 30 x 3 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S\$ 2.00	
Medical:	S\$ -	
Disbursement:	S\$ - (e.g. Tow/ Independent)	
Legal Cost	S\$ -	
Total:	S\$ 680.50	Global Sum S\$: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 680.50	Name 1: DE XING MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -