

CC3/III16020059/T1ps3

15/5/2010

INS. CASE OWNER:

CC3/III1602 0059 / T1

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4764H

Name of Insured : ETP

Insured Tel No. : HP:

Excess Sec II : \$\$ D.O.A : 19/10/16

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

If NO, Driver Name / Age : KATH UM SHI MING

Driver Tel No. : (V/L: YES/NO)

Claim No. :

Policy No. : mcomoolb-

Make / Model : HYUNDAI

Place of Accident : WBBY DW IN FRONT B SERANGOON NORTH AVE 5

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

Insured Liability : % Final ? Yes / No

SEM 4764H



INSRS:

WSP:

Tel :

Liability :

RMKS:

Wearns



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

URGENT

Date/Time		STAGE	DATE / PIC
21/10/16	SEM 4764H - X	Non-Reporting ltr (1st):	
21/10/16	SHD 4764H - CC3/III16020059/Hyundai WBBY DW IN FRONT B SERANGOON NORTH AVE 5	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	SS	days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with: Suharn
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : Nil
Repair Cost:	SS 29976.37	
Loss of Rental (LOR):	SS 695.50	( 5 days) > \$130.00
Loss of Use (LOU):	SS -	(\$ x days)
Loss of Income (LOI):	SS -	(\$ x days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	(Tick only one)
GIA/LTA Search	SS -	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS 25671.87	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 25671.87	Name 1: Xlearns Automotive Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3: