

15/5/2010

INS. CASE OWNER:

CC 3/LPC1702

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

28/11/14

Date / Time:

28/11/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLT 4784Y

Name of Insured:

U U

Insured Tel No.:

HP:

96987663

Excess Sec II :S\$

D.O.A.:

28/11/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

H/12/14/VP05/00040

Policy No.:

217VP05016203

Make / Model:

VOLKSWAGEN

Place of Accident:

JUNE FROM NEWTON ROTUNDS
MIDLMERE RD

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 1047T



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
5/12/14	SHD 1047T	Non-Reporting ltr (1st):	
5/12/14	SLT 4784Y	Non-Reporting ltr (2nd):	
5/12/14	please request video footage from TP.	Non-Reporting ltr (Final):	
5/12/14		Notification ltr (if non-pickup):	
5/12/14		Call OI:	YUE
5/12/14		After call ltr to OI:	
5/12/14		Documentation Check List:	Handler Typist
5/12/14		Notification ltr (if non-pickup)	☐
5/12/14		After call ltr to OI:	☐
5/12/14		Authorisation To Act:	☒
5/12/14		Release Voucher:	☒
5/12/14		Final Repair Bill:	☒
5/12/14		Car Rental Invoice:	☒
5/12/14		Towing Invoice	☐
5/12/14		LTA / GIA:	☒
5/12/14		Medical Bill:	☐
5/12/14		PIR:	☐
5/12/14		Mandate/Reject Instruction:	☒
5/12/14		LOD	☒
5/12/14		Payment Breakdown Form:	☐
5/12/14		Post-Repair Photos:	☐
5/12/14		Others:	☐

PRELIMINARY ADVICE	Date/Time: 28/11/14	Sent By: B3	Confirm with:	Confirm by:
FINALIZATION	Date/Time: 05/10/18	Confirm with: GARY	Confirm by:	Email ☐ Call ☐
Repair Cost: PIP	SS 100.00	(1 days) Reduction: 87 %		
FINAL SETTLEMENT	Date/Time: 05/10/18	Confirm with: GARY	Confirm by:	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:		
Repair Cost: (w/loss)	SS 107.00			
Loss of Rental (LOR):	SS 169.85	(1.5 days) X 2/13.23		
Loss of Use (LOU):	SS 60.00	(\$ 40 x 1.5 days)		
Loss of Income (LOI):	SS	(\$ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	SS 2.00			
Medical:	SS -			
Disbursement:	SS -	(e.g. Tow/ Independent)		
Legal Cost	SS -			
Total:	SS 338.85	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 05/10/18	Confirm with: GARY	Confirm by:	Email ☐ Call ☐
Payee 1:	SS 338.85	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	SS -	Name 2:		
Payee 3: (Strike if N.A.)	SS -	Name 3:		