

15/5/2010

INS. CASE OWNER:

CC 4 ASM / AXA1800

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

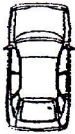
5/1/18

Date / Time:

5/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 51520

Claim No.:

S8MOOBWUW / 24480

Name of Insured:

MITACHI CAPITAL ASIA PAPER CO

Policy No.:

P1795215

Insured Tel No.:

HP:

Make / Model:

HYUNDAI

Excess Sec II : \$\$

D.O.A.:

02/1/18

Place of Accident:

BAVESTIER RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: SHARAD GOVIL

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHB 9759E

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
Cab.
(ARC)INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time

2/3/18
ParkerSHB 9759E - UN/CLIMBABLE / REPAIR WORK /
SLC 51520 - X
smart claim.
" PLS obtain evidence such as PVF, PIR."
→ PLS check, obtain TP video & anything
PENDING TP VIDEO, LIABILITY UNDER.

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:

5/1/18

Sent By:

Dua

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

2/1/19

Confirm with:

WM YIN

Email

Call

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

1,926.00

S\$

963.00

OIB FILTERED CANE

Loss of Rental (LOR):

S\$

198.64

S\$

(4 days)

X 499.32

Loss of Use (LOU):

S\$

-

S\$

(x days)

Loss of Income (LOI):

S\$

100.00

S\$

50 x 4 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

5.35

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

350.00

Total:

S\$

2,526.63

S\$

1,266.99

Global Sum S\$:

1,260.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,260.00

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-