

15/5/2010

INS. CASE OWNER:

marice1

CC

LCR18002136

19/9/13

LKK:

IDAC:

Surveyor:

Xho

DOI:

7/12/18

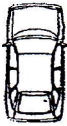
Date / Time:

02/02/18

Registered in Merimen:

02/02/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLG 5860Y

Name of Insured:

LCR

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

30/01/18

Is driver the owner?

(YES ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: GAN YOKE MENG

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

270187691656

Policy No.:

0000094967

Make / Model:

TOYOTA PRIUS HYBRID - 1.8 (A)

Place of Accident:

PASIR RES

OI GIA REPORT: YES / NO

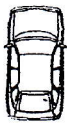
YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKD 970SP



INSRS:

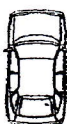
WSP: Specialist motor

Tel:

Liability:

RMKS:

wli son



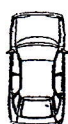
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

06/02/18 (joy)

SKD 970SP-X; SLG 5860Y - X
\$527 - OI FROM REAR

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:

\$\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

27

Repair Cost:

\$\$

4,809.76

Loss of Rental (LOR):

\$\$

240

(\$

x

days)

Loss of Use (LOU):

\$\$

x

(\$

x

days)

Loss of Income (LOI):

\$\$

x

(\$

x

days)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LO

☐

[Tick only one]

GIA/LTA Search

\$\$

7.49

Medical:

\$\$

x

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

5,057.25

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

5,057.25

Name 1:

SPECIALIST MOTOR PTE LTD

Payee 2: (Strike if N.A.)

\$\$

x

Name 2:

x

Payee 3: (Strike if N.A.)

\$\$

x

Name 3:

RECEIVED 25 APR 2018

COPY SENT