

INS. CASE OWNER:

CC 4 / ASM1800

6787, Khaz

LKK: IDAC:

39505

Surveyor:

Kemleh

DOI:

12/4/8

Date / Time:

11-4-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA 3586J

Claim No.:

SSMOODIJ

Name of Insured:

CHA MUI PING

Policy No.:

VAT/GA15277

Insured Tel No.:

HP:

9789673

Make / Model:

Lexus RX 400T

Excess Sec II : \$\$

D.O.A.:

9-4-18

Place of Accident:

5 PIONEER WALK

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

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

SK687orm



INSRS:

WSP:

Tel:

Liability:

RMKS:

City Auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
12/4/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
14/04/18 @ 9:30AM	Documentation Check List: Handler Typist	
25/04/18	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:	
20/06/18		
10/09/18		
01/10/18		
12/01/19		

PRELIMINARY ADVICE Date/Time: 28/02/19 Sent By: TP ACCEPTABLE OFFER. ALL DOCUMENT ORDER.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$4,950.00 (7 days) Reduction: 13% Email Call

FINAL SETTLEMENT Date/Time: 28/02/19 Confirm with: IRONICA Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 2A If NO or B 28, Ass. Lia: (OI MOVING OUT)

Repair Cost: (w/ GST) \$5,296.50 Loss of Rental (LOR): \$ (days) Loss of Use (LOU): \$480.00 (\$60 x 8 days) OPC Loss of Income (LOI): \$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search \$2.00 Medical: \$ Disbursement: \$ (e.g. Tow/ Independent) Legal Cost: \$

Total: \$5,770.50 Global Sum \$5,770.00 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: \$350.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$5,770.00 Name 1: CITY AUTO PTE LTD Payee 2: (Strike if N.A.) \$ Name 2: Payee 3: (Strike if N.A.) \$ Name 3: