

15/5/2010

INS. CASE OWNER:

CC3

JUL 1800

6796, 71 W339

LKK:
IDAC:

Surveyor:

Tampah.

DOB:

m/4/18

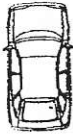
Date / Time:

17/4/18

Registered in Merimen:

17/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3071J

Name of Insured:

LPL

Insured Tel No.:

HP:

D.O.A:

10/4/18

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

M BERNY

Driver Tel No.:

(V/L/N/T)

Claim No.:

MIT180407X

Policy No.:

MLOMOOL5

Make / Model:

Kupwobri

Place of Accident:

JEN 408 PO TWD3 KIRNE

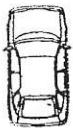
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

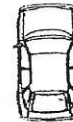
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Final ? Yes / No

SFS 906R

INSRS:
WSP:
Tel:
Liability:
RMKS:

performance

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
16/4/18	SFS 906R - T	Non-Reporting ltr (1st):	
16/4/18		Non-Reporting ltr (2nd):	
16/4/18		Non-Reporting ltr (Final):	
16/4/18		Notification ltr (if non-pickup):	
16/4/18		Call OI:	
16/4/18		After call ltr to OI:	
16/4/18		Documentation Check List:	Handler Typist
16/4/18		Notification ltr (if non-pickup)	☐
16/4/18		After call ltr to OI:	☐
16/4/18		Authorisation To Act:	☒
16/4/18		Release Voucher:	☒
16/4/18		Final Repair Bill:	☒
16/4/18		Car Rental Invoice:	☐
16/4/18		Towing Invoice:	☐
16/4/18		LTA / GIA:	☐
16/4/18		Medical Bill:	☐
16/4/18		PIR:	☐
16/4/18		Mandate/Reject Instruction:	☒
16/4/18		LOD:	☒
16/4/18		Payment Breakdown Form:	☐
16/4/18		Post-Repair Photos:	☐
16/4/18		Others:	☐

PRELIMINARY ADVICE Date/Time:

FINALIZATION

Date/Time:

Repair Cost:

S\$

(days)

Re:

%

Confirm by:

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

21/8/18

Confirm with: Caroline

Final Liability:

%

100

(Agreed / Assessed) BCL

9

Email ☐Call ☐

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

10328.18

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

500.00 (\$ 100 x 5 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

10828.18

Global Summary

FINAL PAYMENT

Date/Time:

10/8/18

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

10828.18

Name 1:

Performance Motors Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT