

INS. CASE OWNER:

Mermaid | CC6, LCR 1800 6837, Uja3 yw

LKK:

IDAC:

Surveyor:

MAJENS

DOI:

13-4-18

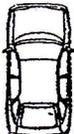
Date / Time:

13/4/18

Registered in Merimen:

13/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLD 8406 Y

Claim No. :

7563 782426

Name of Insured :

LERF PIL

Policy No. :

0922994817

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

91412

Place of Accident :

Car park from Simon 7, MB

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

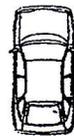
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

6BB 366 2K



INSRS:

WSP:

Tel:

Liability :

RMKS:

Lin Bro. 6741 1730



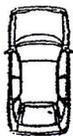
INSRS:

WSP:

Tel:

Liability :

RMKS:



INSRS:

WSP:

Tel:

Liability :

RMKS:



INSRS:

WSP:

Tel:

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

13/4/18
Jony

6BB 366 2K, X; SLD 8406 Y, X
Dump to road and direct repair.

Non-Reporting ltr (1st): - 19-4-18

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:

145.18 @ 205 w/ SUSAN. TO CLOSE PRIVATELY SETTLED.

RECEIVED 15 MAY 2018
RECEIVED 23 MAY 2018

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

OI SETTLED PRIVATELY

Loss of Rental (LOR):

S\$

(days)

w/TP. WP

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

S\$

1) Claim status: Normal/Reject/Private Settle

Medical:

S\$

2) Report Format:

Disbursement:

S\$

(e.g. Tow/ Independent)

3) Survey fee:

\$ 250

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT 13/4/18