

INS. CASE OWNER:

SUNPARK

CC 3 III 1300

9077, KHA3C

LKK:

IDAC:

Surveyor:

ANK

DOI:

12/5/18

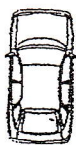
Date / Time:

12/5/18

Registered in Merimen:

12/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 7784 A

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

12/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KHA KIM HWA

Driver Tel No.:

9637068

(V/L: YES / NO)

Claim No.:

HCT B050308

Policy No.:

M comvul

Make / Model:

H.1 YD

Place of Accident:

PIG 7 TWAJ

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

Insured Liability: %

Final ? Yes / No

SHA 636A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans - Carb



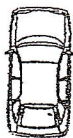
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

7/18

SHA 636A - 02/12/18 13:09 261 / 161000: PRA 12/13
SHA 7784 A - 02/12/18 13:09 262 / 161000: PRA 12/13

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: PIP

S\$ 14,211.09

(6 days)

Reduction: 72

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost: CW/GSD

S\$ 15,205.87

Loss of Rental (LOR):

S\$ 881.68

(8 days)

X \$ 110.21

Loss of Use (LOU):

S\$ 320.00

(\$ 40 x 8 days)

Loss of Income (LOI):

S\$

(\$ x days)

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

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$600.00

Total:

S\$ 16,407.55

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 16,407.55

Name 1:

TRANS-CAR AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: