

INS. CASE OWNER:

CC 483M AXA1800 9297, 6/11/18

LKK:
IDAC:

Surveyor:

x60

DOI:

22/05/2018

Date / Time:

27/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKU 5727M

Name of Insured:

KEISHINA SADASHIV

Insured Tel No.:

HP: 96086435

Excess Sec II :SS

D.O.A: 13/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SGM00H1K (46805)

Policy No.:

AP11GA11707

Make / Model:

MEERLES

Place of Accident:

SCOTS RD OUTSIDE OF GRAND MYATT HOTEL

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

SGS. 84803

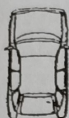


INSRS:
WSP:
Tel:
Liability:
RMKS:

mb solution



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

27/5/18

vivian

8/5/19

30/4/2020

SGS 84803 - x

SKU 5727M - x

SGM00H1K

email workshop liability unclear.

pls refer to view for details.

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L1 sum S\$ 2700.00 (5 days) Reduction: 74 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL.

If NO or B 28, Ass. Lia :

Repair Cost: 2889.00 S\$ 1444.50.

Loss of Rental (LOR): S\$ (- days)

Loss of Use (LOU): 360 S\$ 180.00 (\$ 60 x 6 days)

Loss of Income (LOI): S\$ (\$ x days)

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

IA/LTA Search S\$ 29.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Total Cost S\$ -

Total: S\$ 1657.50 Global Sum S\$: 1500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Sum 1: S\$ 1500.00

Name 1: ME SOLUTION PTE LTD

Sum 2: (Strike if N.A.)

S\$

Name 2:

Name 2:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00