

INS. CASE OWNER:

SAUNA

CC 4, AIG 180 10438, Ahh3g

LKK:

IDAC:

Surveyor:

Adnan

DOI:

6/6/18

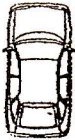
Date / Time:

6/6/18

Registered in Merimen:

7/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKZ 7931A

Name of Insured:

Tee Kim Othman

Insured Tel No.:

HP: 9676338

Excess Sec II :SS

D.O.A: 6-6-18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

0182A9676 SG

Policy No.:

2100450983

Make / Model:

CITROEN C4

Place of Accident:

BLK 7 PTE

If NO, Driver Name / Age:

Driver Tel No.:

(VL: YES / NO)

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

Insured Liability:

%

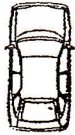
Final ? Yes / No

GZ 426 K

G8B 2553 Z

SKZ 7931A

GV 96224 -> GX9025K



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP: Uninsdsg.

Tel:

Liability:

RMKS:

Date/ Time

13/6

NL

GV 96224 - No (4-18210351) / H.Y. : 6/6/18
SKZ 7931A - X

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:

24/6/18 - OK

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: GIKO FORM

GIA/TA Search

Medical:

Disbursement:

Legal Cost

Total:

Global Sum SS:

Confirm with:

Confirm by:

Email

Call

If NO or B 28, Ass. Lia:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4) 320.00

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 6,800.00

(12 days)

Reduction:

61 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost: (w/gst)

S\$ 6,955.00

Loss of Rental (LOR):

S\$ 1,800.00

(15 days)

x \$100

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/TA Search

S\$ 7.15

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

Total:

S\$ 8,455.00

Global Sum SS:

8,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 8,000.00

Name 1:

UNITED SG AUTOMOBILE PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-