

15/5/2018

INS. CASE OWNER:

MANV16

CC

4 / LCP

180

16058

4 h pa 3

LKK:

IDAC:

Surveyor:

OKS

DOI:

6/9/18

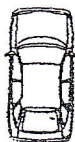
Date / Time:

3/9/18

Registered in Merimen:

3/9/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 2240K

Name of Insured:

LCP P/L

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

18/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

001 Kim Chen

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

9000095

7-PRWS HYBRID.  
Crawford St.

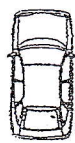
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PB 68381 L



INSRS:

WSP:

Tel:

Liability:

RMKS:

Looi's  
motor

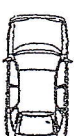
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/9  
CH

PB 68381 L - X; SLK 2240K - 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:

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:

ELIMINARY ADVICE Date/Time:

Sent By:

VALIZATION

Date/Time:

Confirm with:

Confirm by:

pair Cost:

S\$

840.00

( 2 days)

Reduction:

30

%

Email

Call

NAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

al Liability:

%

50

(Agreed / Assessed)

BOLA S/N No.:

If NO or B 28, Ass. Lia:

pair Cost:

S\$

-

oss of Rental (LOR):

S\$

-

( days)

oss of Use (LOU):

S\$

-

(\$ x days)

oss 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\$

-

(e.g. Tow/ Independent)

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

840.00