

15/5/2010

INS. CASE OWNER

CC 4, AXA 180 16438, Kug3

LKK:

IDAC:

Surveyor:

KSL

DOI:

12/9/18

Date / Time:

21/9/2018

Registered in Merimen:

21/8/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHF 743M

Name of Insured:

TRANS-CAR SRS PTE

Insured Tel No.:

HP:

Excess Sec II :SS

5,000.00

D.O.A.:

23/08/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

C0474291

Policy No.:

P1680520

Make / Model:

P. Latitude

Place of Accident:

Bekoh Reservoir Rd

If NO, Driver Name / Age:

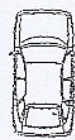
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final? Yes / No

SLN 664 T



INSRS:

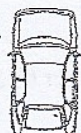
WSP:

Tel:

Liability:

RMKS:

Estrempme



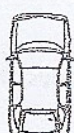
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

29/9/18

SLN 664 T. x;

SHF 743M - C04/AXA 180/16438/12/9/18; D.O.A. 23/08/18

02-5-19

BASED ON DAMAGE PROFILE, POINT OF IMPACT & CIRCUMSTANCES OF ACCIDENT, TP'S VERSION IS MORE REALISABLE.

17/10/20

PLS refer to MEMO.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

21/9/18

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:

Repair Cost:

SS 7458.78

(5 days)

Reduction:

59

%

Email

Call

FINAL SETTLEMENT

Date/Time:

12/10/2020

Confirm with:

Carmen

Email

Call

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS 7990.89

Loss of Rental (LOR):

SS 406.75

(5 days)

x 80.95

Loss of Use (LOU):

SS

-

(\$ x days)

Loss of Income (LOI):

SS

-

(\$ x days)

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

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS 4200.27

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 4200.27

Name 1:

Esteem Performance Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: