

INS. CASE OWNER:

CC 4/AG 180 16912, Kha3

LKK:

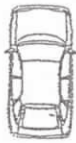
IDAC:

Surveyor:

DOI:

Date / Time:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 11-9-18

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

ST27712C-NBA/121600608/TI : b5A. 04/04/16
 SUB 7872B-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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: KSC

Repair Cost: L/S S\$ 3,700.00

(5 days) Reduction: 47 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10.11.20

Confirm with KELLY

Email ☐ Call ☐

Final Liability: % 100

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 3,959.00

OID TURN IN BETWEEN 2 LANES

Loss of Rental (LOR): w/GST S\$ 749.00 (7 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/LTA Search S\$ 29.00

Medical: S\$ -

Disbursement: S\$ -

Legal Cost S\$ -

(e.g. Tow/ Independent)

1) Claim status: Normal/ ~~Report/ Private Settlement~~

2) Report Format: TP

3) Survey fee: \$320

Total: S\$ 4,737.00

Global Sum S\$: 4,730.00

FINAL PAYMENT Date/Time: 10.11.20

Confirm with: KELLY

Email ☐ Call ☐

Payee 1: S\$ 4,730.00

Name 1: CHEW GOON MOTOR

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: