

15/5/2010

INS. CASE OWNER:

CC 4 ASM AXA1801

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$

Is driver the owner?

SJT 9108R.

TAN TOH MOK

HP:

D.O.A.:

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO. Driver Name / Age:

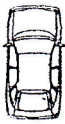
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SMB 8705M



INSRS:

WSP:

Tel:

Liability:

RMKS:

premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMB 8705M - 4

SJT 9108R - 4

STAGE

DATE / PIC

Non-Reporting ltr (1st): 28.09.18

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:

Repair Cost:

P/P

\$ 820.00

(3

days) Reduction:

61

%

Email

Call

FINAL SETTLEMENT

Date/Time: 13/03/20

Confirm with: SHAPKAWATI

Email

Cal

Final Liability:

%

50

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/ass)

S\$

888.10

250%

= \$ 444.05

=

\$ 444.05

BOTH TURNING AT ROAD

Loss of Rental (LOR):

S\$

329.82

(3

days) X \$ 109.94 =

\$

164.91

Loss of Use (LOU):

S\$

-

(S

x

days)

=

\$ 60.00

AXA APPROVED H/S @

Loss of Income (LOI):

S\$

120.00

(S 40

x 3

days)

=

\$ 60.00

\$1K (ALL IN) @

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

50/50 LIABILITY

GIA/LTA Search

S\$

2.00

=

\$ 2.00

TOTAL =

\$ 670.96

1) Claim status: Normal/Reject/Private Settle

Medical:

S\$

-

2) Report Format:

Disbursement:

S\$

-

(e.g. Tow/ Independent)

3) Survey fee:

\$ 350.00

Legal Cost

S\$

-

Total:

S\$

1,339.92

Global Sum S\$:

1,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

1,000.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-