

INS. CASE OWNER:

CCY / 111 180 17876, U WAS

IDAC:

Surveyor:

ABT

DOI:

8/10/18

Date / Time:

1/10/18

Registered in Merimen:

2/10/18

Pre-assign / CCU / FTE

SHA 7363 G



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

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

SFS 4102 S



INSRS:

WSP:

Tel:

Liability:

RMKS:

k km Hm



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SFS 4102 S - X; SHA 7363 G - 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:

Confirm by: BRYAN

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

L/S

S\$ 3200.00

( 4 days)

Reduction: 2430.40

% 43

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 31/03/2020

Confirm with

MARGARET

Email ☒Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 3424.00

(W/GST)

Loss of Rental (LOR):

S\$ 640.00

( 4 days)

x \$160

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\$ 7.45

Medical:

S\$

1) Claim status: ☒ Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

S\$

3) Survey fee:

\$350.00

Total:

S\$ 4071.45

Global Sum S\$: 4000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Payee 1:

S\$ 4000.00

Name 1:

K KIM HIN AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: