

INSURANCE OWNER

SUKHA

CC

6, MG180 19469, T. ha3

LKK:

IDAC:

Surveyor:

TAUMKH

DOI:

02/11/18

Date / Time:

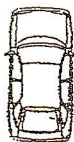
26/10/18

Registered in Merimen:

26/10/18

Pre-assign / CCU / FTE

GBG 9231E



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

22/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

75757541059G

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No

SGQ 2182Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

Car Crasher



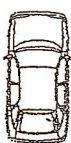
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

20/10

SGQ 2182Y - NATURE 13006306/11 ; DOA: 31/4/2013
GBG 9231E, 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: 08/11/18 - JIC

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:

08/11/18

- FILE REPORTED - OLD HIT PARKED TP.
- SEND LETTER TO BUREAU TO OI.
- EMAIL LIABILITY CLAIM.
- FINISHED.
- TP LOW IN BY BUREAU

25/10/19
26/10/19

- SEND 1st OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL BOCS IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: R/P S\$ 4,645.10, 2 days Reduction: 22 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss) S\$ 4,970.58

COLO HIT PARKED TP)

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 110.00 (\$60 x 2 days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.15

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00

Total: S\$ 5,098.03

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5,098.03

Name 1:

CARCRASHERS SINGAPORE PTE LTD

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

Name 2:

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

Name 3: