

IN CASE OF FIRE

cc 4, Asm 180 19801, R, has

LKK:

UDAC:

78560

Surveyor:

KASUL

DOI:

05/11/18

Date / Time:

30/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 9588P

Name of Insured:

TLC SVS P/L

Insured Tel No.:

Claim No.:

58m010 XA

Policy No.:

Excess Sec II : S\$

5,000.00

HP:

D.O.A.:

29/10/18

Make / Model:

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

STA 1436 X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Carcrafters



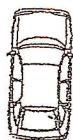
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

7/11/18

STA 1436 X - 05/11/18 06:05 / 11/18 06:05 ; OIA: 6/11/18
SHB 9588P - 05/11/18 06:05 / 11/18 06:05 ; OIA: 19/11/18

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: BUNL

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:

Repair Cost: L/S S\$ 1,800.00

4 days) Reduction:

65 %

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

S\$ 100

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

Email

Call

Repair Cost: (W/LGT)

S\$ 1,926.00

If NO or B 28, Ass. Lia:

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 100.00

100 x 4 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\$ -

Legal Cost

S\$ -

(e.g. Tow/Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 300.00

Total:

S\$ 2,303.15

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,303.15

Name 1:

CARCRAFTERS SINGAPORE PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: