

15/5/2019

INS. CASE OWNER: CC4/AXA1801 LKK: IDAC:

Surveyor: PSC DOI: 27/10/18 Date / Time: 26/10/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SPH 4475X Claim No. : 58M01113 / 78265

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II : \$\$ D.O.A : 28/10/18 Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

5KW 8495 → → → → →

INSRS: WSP: Tel: Liability: RMKS: Accord INSRS: WSP: Tel: Liability: RMKS: INSRS: WSP: Tel: Liability: RMKS: INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	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: KSC

FINALIZATION Date/Time: _____ Confirm with: _____ Email: ☐ Call: ☐

Repair Cost: L/S \$S 15,000.00 (18 days) Reduction: 64 %

FINAL SETTLEMENT Date/Time: 23.05.22 Confirm with: CELIA Email: ☐ Call: ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : OID SKIDDED AND HIT TP

Repair Cost: w/GST \$S 16,050.00

Loss of Rental (LOR): \$S 2,400.00 (24 days) x \$100

Loss of Use (LOU): \$S - (S x days)

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

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

GIA/LTA Search \$S 2.00

Medical: \$S -

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

Legal Cost \$S -

Total: \$S 18,452.00 **Global Sum \$S:** 17,850.00

FINAL PAYMENT Date/Time: 23.05.22 Confirm with: CELIA Email: ☐ Call: ☐

Payee 1: \$S 17,850.00 Name 1: ACCORD AUTO SERVICES PTE LTD

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

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