

15/5/2010

INS. CASE OWNER:

CC 3/AIG1802

LKK:

IDAC:

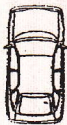
Surveyor:

DOI:

Date / Time

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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. :

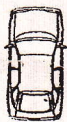
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SDE 1797A


 INSRs:
WSP:
Tel :
Liability :
RMKS:

performance


 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
17/11/18	SDE 1797A-X	Non-Reporting ltr (1st):	
21/11/18	GAN 4647E-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	21/11/18 - 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:	☐

PRELIMINARY ADVICE	Date/Time:	Send By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 7,713.40	5 days) Reduction: 15%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/07/19	Confirm with: CAROLINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/gar)	S\$ 8,253.34		COLO (KATE-ENDED TP)
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU):	S\$ 550.00	x 5 days)	
Loss of Income (LOI):	S\$ -	(S x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ 7.15		
Medical:	S\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	S\$ -		
Total:	S\$ 8,810.79	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 8,260.79	Name 1: PERFORMANCE MOTORS LTD	
Payee 2: (Strike if N.A.)	S\$ 550.00	Name 2: NG KEE HONG	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	