

15/5/2010

INS. CASE OWNER:

CC /EQ1802

LKK:

IDAC:

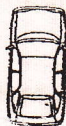
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

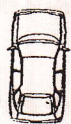
Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

24/11/18
2018

CHN58311-4

SGR 98690-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: 26/06/19-JK

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO W

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: 27/11/18

Sent By: b3

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: PIP

S\$ 1,105.80

(2 days) Reduction: 95 %

FINAL SETTLEMENT

Date/Time: 9-11-19

Confirm with: WATIN

Final Liability:

S\$ 100

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

Repair Cost: GST

S\$ 1,182.89

Loss of Rental (LOR):

S\$ 567

(15 days) 113.40

Loss of Use (LOU):

S\$ 250

(\$50 x 5 days)

Loss of Income (LOI):

S\$ 250

(\$50 x 5 days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 2,007.38

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$ 2,007.38

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

✓

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

✓

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4400.00