

15/5/2010

INS. CASE OWNER:

CC 4/LPC1802

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 :\$

D.O.A.:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / 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          |                     | STAGE                             | DATE / PIC |
|--------------------|---------------------|-----------------------------------|------------|
| 10/1/19            | SKX 829P            | Non-Reporting ltr (1st):          |            |
| 20/1/19            | ABB 57904           | Non-Reporting ltr (2nd):          |            |
| 01/02/19           |                     | Non-Reporting ltr (Final):        |            |
| 02/02/19           |                     | Notification ltr (if non-pickup): |            |
| 30/03/19           |                     | 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: 01/02/19 | Sent By: JOY                      |            |

|                                                                                                                                                                     |                                        |                              |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|--------------------------------------------------------------|
| FINALIZATION                                                                                                                                                        | Date/Time:                             | Confirm with:                | Confirm by:                                                  |
| Repair Cost: 46                                                                                                                                                     | \$S 4,600.00 ( 5 days) Reduction: 39 % |                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT                                                                                                                                                    | Date/Time: 30/03/19                    | Confirm with: YAN HONG       | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.:                                                                                                            |                                        |                              | If NO or B 28, Ass. Lia:                                     |
| Repair Cost: (W/EST) \$S 4,922.00                                                                                                                                   |                                        |                              | (LOD RENT - ENDED TP)                                        |
| Loss of Rental (LOR): \$S ( days)                                                                                                                                   |                                        |                              |                                                              |
| Loss of Use (LOU): \$S 480.00 x 8 days                                                                                                                              |                                        |                              |                                                              |
| Loss of Income (LOI): \$S ( \$ x days)                                                                                                                              |                                        |                              |                                                              |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                        |                              |                                                              |
| GIA/LTA Search \$S 37.00                                                                                                                                            |                                        |                              |                                                              |
| Medical: \$S -                                                                                                                                                      |                                        |                              |                                                              |
| Disbursement: \$S -                                                                                                                                                 |                                        |                              |                                                              |
| Legal Cost \$S -                                                                                                                                                    |                                        |                              |                                                              |
| Total: \$S 5,439.00                                                                                                                                                 |                                        | Global Sum \$S:              |                                                              |
| FINAL PAYMENT                                                                                                                                                       | Date/Time:                             | Confirm with:                | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: \$S 5,439.00                                                                                                                                               |                                        | Name 1: PRECISE AUTO SERVICE |                                                              |
| Payee 2: (Strike if N.A.) \$S -                                                                                                                                     |                                        | Name 2: -                    |                                                              |
| Payee 3: (Strike if N.A.) \$S -                                                                                                                                     |                                        | Name 3: -                    |                                                              |