

P.S. CASE OWNER:

CC 6 / LPL 1900 0185, Ana39

LKK:

IDAC:

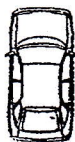
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

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.:

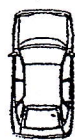
Make / Model:

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                          |
|------------|-------------------------|-----------------------------------|-------------------------------------|
| 16/11/09   | GB66172L-X Sny 7830 X-X | Non-Reporting ltr (1st):          |                                     |
|            |                         | Non-Reporting ltr (2nd):          |                                     |
|            |                         | Non-Reporting ltr (Final):        |                                     |
|            |                         | Notification ltr (if non-pickup): |                                     |
| 20/09/09   |                         | Call OI:                          |                                     |
|            |                         | After call ltr to OI:             |                                     |
|            |                         | Documentation Check List:         | Handler Typist                      |
|            |                         | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            |                         | After call ltr to OI:             | <input type="checkbox"/>            |
| 12/09/09   |                         | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |                         | Release Voucher:                  | <input checked="" type="checkbox"/> |
| 17/09/09   |                         | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |                         | Car Rental Invoice:               | <input type="checkbox"/>            |
| 18/10/2010 |                         | Towing Invoice                    | <input type="checkbox"/>            |
|            |                         | LTA / GIA :                       | <input checked="" type="checkbox"/> |
|            |                         | Medical Bill:                     | <input type="checkbox"/>            |
|            |                         | PIR:                              | <input type="checkbox"/>            |
|            |                         | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|            |                         | LOD                               | <input checked="" type="checkbox"/> |
|            |                         | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            |                         | Post-Repair Photos:               | <input type="checkbox"/>            |
|            |                         | Others:                           | <input type="checkbox"/>            |

PRELIMINARY ADVICE Date/Time: 01/07/09

Sent By: JOY

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 766.92

( 2 days)

Reduction:

55 %

Email ☐ Call ☐

## FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/gov)

S\$ 820.00

COI. (KATE - Sny 7830 X-X)

Loss of Rental (LOR):

S\$

-

( days)

Loss of Use (LOU):

S\$

600.00 (\$120 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\$

7.45

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$ 450.00

Total:

S\$ 1,428.05

Global Sum S\$:

-

## FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

1,428.05

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-