

INS. CASE OWNER:

CC 3 / CT1 1900 2473

Kha3n2

LKK:

IDAC:

Survivor:

KSC

DOI:

11/02/19

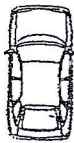
Date / Time:

11/02/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBB 6860K



Insured Vehicle No.:

B & Lee Electronics Pte

Claim No.:

ENMF19B0680C0210CK

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

08/07/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

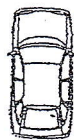
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 42M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Gab



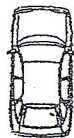
INSRS:

WSP:

Tel:

Liability:

RMKS:



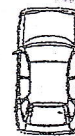
INSRS:

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: 09/09/19 - VIC

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: 15/02/19

Sent By:

a3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$ 5,600.00 (3 days)

Reduction:

79 %

Email

Call

FINAL SETTLEMENT

Date/Time: 25/11/19

Confirm with

WAI YIN

Email

Call

Final Liability:

%

100

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

15

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 5,992.00

COIB CHARGES (AMT)

Loss of Rental (LOR):

S\$ 496.60

(5 days)

x \$ 99.32

Loss of Use (LOU):

S\$ -

(\$ x 5 days)

Loss of Income (LOI):

S\$ 250.00

(\$ 50 x 5 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 400.00

Total:

S\$ 6,746.05

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 6,746.05

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: