

15/5/2010

INS. CASE OWNER:

TBS CHS WPH

CC 6 / 18 1900

2991 / Uha3

LKK:

IDAC:

Surveyor:

MAYKIN

DOI:

18/2/19

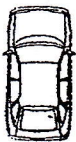
Date / Time :

18/2/19

Registered in Merimen:

18/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 7185A

Claim No. :

05988578309

Name of Insured :

LEPP R/L

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. :

18/2/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

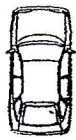
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKU7762Y



INSRS:

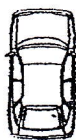
WSP:

Tel :

Liability :

RMKS:

Jm Inf.



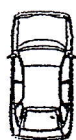
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

1/3 joy

SKU7762Y - MAFOT 1806276/24 ; D.O.A. 5/6/18
SLG 7185A - X- FINAURED
- TP LOD IN BY EMAIL

26/2/19

- PMS REQUIRED. OLD ENTERING ROUND
ABOUT. SEND EMAIL TO OI TO NOTIFY
TP CLAIM.- SEND 1st OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL FOC IN ORDER.
- TO CLOSE.

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: 26/2/19 - JLC

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: EMAIL

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L19

S\$ 2,350.00

(3

days)

Reduction:

85

%

Email

Call

FINAL SETTLEMENT

Date/Time:

26/2/19

Confirm with

SOLIS

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

12

If NO or B 28, Ass. Lia :

Repair Cost:

(w/loss)

S\$ 2,514.50

COLD BREAKING ROUNDHAST

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

180.00

(\$ 60

x 3

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

2,694.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,694.50

Name 1:

JIN AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-