

15/5/2010

INS. CASE OWNER:

Peller | CC *4* ^{ASM} *TAXA* 1900 3773, *R11663*

LKK:

IDAC:

Surveyor:

TASUL

DOI:

05/03/19

Date / Time :

28/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBA 145L

Claim No. :

SHMOIFEL101393

Name of Insured :

UKL FOOD SUPPLY

Policy No. :

GA246211

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :SS

NIL

D.O.A. :

2/2/19

Place of Accident :

Rd 1 TERRELS Hill Rd CP

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

LIM SENY HUAT

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SDX 21616



INSRS:

WSP:

Tel :

Liability :

RMKS:

OPTIMA



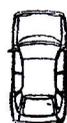
INSRS:

WSP:

Tel :

Liability :

RMKS:



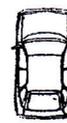
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SDX 21616-X

GBA 145L-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: *28/02/19 - ure*

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:

- SG award claim*
- FINANCIED*
- TP LOD IN BY BUAL*
- OI HIT PARKED TP.*
- TP ACCEPTED OFFER*
- ALL FEES IN ORDER*
- TO CLOSE.*

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
FINALIZATION Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	<i>US</i> \$ 7,000.00	(7 days) Reduction:	<i>12</i> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:		Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <i>100</i> (Agreed / Assessed) BOLA S/N No. :	<i>NIL</i>		If NO or B 28, Ass. Lia :	
Repair Cost:	<i>GST</i> \$ 7,490				
Loss of Rental (LOR):	<i>GST</i> \$ 1,444.50	(9 days) <i>150</i>	<i>OI HIT PARKED TP</i>		
Loss of Use (LOU):	\$ \$ x days				
Loss of Income (LOI):	\$ \$ x days				
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$ 2. x x				
Medical:	\$ \$	1) Claim status: <input checked="" type="radio"/> Normal/Reject/Private Settle			
Disbursement:	\$ \$	(e.g. Tow/ Independent)			
Legal Cost	\$ \$	2) Report Format:			
Total:	\$ 8,936.50	Global Sum \$ \$:		3) Survey fee: <i>\$350.00</i>	
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$ 8,936.50	Name 1:	<i>OPTIMA WORKS PTE LTD</i>		
Payee 2: (Strike if N.A.)	\$ \$	Name 2:	<i>=</i>		
Payee 3: (Strike if N.A.)	\$ \$	Name 3:	<i>=</i>		