

INS. CASE OWNER:

Stacey Ng

CC 4 / Asm 1900

3964 / U / 3

LKK:

IDAC:

101899

Surveyor:

MAYERS

DOI:

4/13/19

Date / Time:

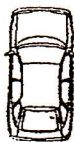
4/13/2019

Registered in Merimen:

Pre-assign / CCU / FTE

SL226035

S 9 mslfkt



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

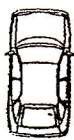
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SL226035



INSRS:

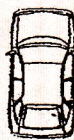
WSP:

Tel:

Liability:

RMKS:

Kim Chwee



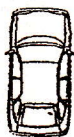
INSRS:

WSP:

Tel:

Liability:

RMKS:



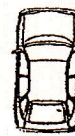
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

4/13/2019

SL226035 - X ;

SL226035. 4/Asm 1900 3964 / U / 3 : 01A. 4/13/19

HEAD-TO-REAR, 01 BEHIND

- 2nd trip.
- in 0009 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:

JUL 12 3 19

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

☐

Call

☐

FINAL SETTLEMENT

Date/Time:

Confirm with

JASON

Email

☒

Call

☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

3,210.00

Loss of Rental (LOR):

S\$

400.00

days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

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

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

3,612.00

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

☐

Call

☐

Payee 1:

S\$

3,612.00

Name 1:

KIM CHWE E AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

Name 3:

X

COPY SENT 4/13/19