

INS. CASE OWNER:

CC 4, 116 1900 4285, A203

LKK:

IDAC:

Surveyor:

LWP

DOI:

8/3/19

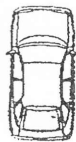
Date / Time:

8/3/19

Registered in Merimen:

8/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKT 2784 Y

Claim No.:

Name of Insured:

KARANTIT SINGH S/O SURJAN

Policy No.:

Insured Tel No.:

HP:

SINGH

Make / Model:

Excess Sec II :SS

D.O.A:

7/3/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

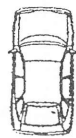
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SFA 868 L



INSRS:

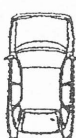
WSP:

Tel:

Liability:

RMKS:

46 Motorsports



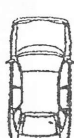
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
19/1/19	Non-Reporting ltr (1st):	
19/1/19	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
04/11/19	After call ltr to OI:	04/11/19 - 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:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	SS 5800.00	(5 days) Reduction: 85 %
FINAL SETTLEMENT	Date/Time: 19/09/2020	Confirm with Jade
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15
Repair Cost:	SS 6206.00	
Loss of Rental (LOR):	SS 1260.00	(7 days) x \$180
Loss of Use (LOU):	SS -	(\$ x days)
Loss of Income (LOI):	SS -	(\$ x days)
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	SS 36.45	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS 7502.45	Global Sum SS: 7500.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 7500.00	Name 1: 96 Motorsports Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3: