

INS. CASE OWNER:

JIMMY BOO

CC 3 / ALG 1900 4400 / E ha3

LKK:

IDAC:

Surveyor:

STONE

DOI:

02/04/19

Date / Time :

11/03/19

Registered in Merimen:

11/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

Sm6 653A

Claim No. :

CA969182185G

Name of Insured :

Premium Leasing LLC

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. :

6/3/2019

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

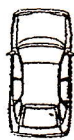
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMA 2296R



INSRS:

WSP:

Tel :

Liability :

RMKS:

pmc



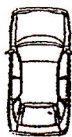
INSRS:

WSP:

Tel :

Liability :

RMKS:



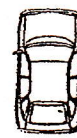
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

19/12/18

SMA 2296R - X; Sm6 653A - 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: 02/04/19 - SL

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: P/B

S\$ 1,974.00 (4 days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

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

If NO or B 28, Ass. Lia :

Repair Cost: (w/gov)

S\$ 2,112.18

COLO HIR PARKING TP
TP VIDEO IN

Loss of Rental (LOR):

S\$ - (days)

Loss of Use (LOU):

S\$ 360.00 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\$ 7.45

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

S\$ 2,479.63

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 2,119.63

Name 1:

PORTERMANDE MOTORS LTD

Payee 2: (Strike if N.A.)

S\$ 360.00

Name 2:

NG JUN JIB (HUAJUN JIB)

Payee 3: (Strike if N.A.)

S\$ -

Name 3: