

INS. CASE OWNER:

CC 4 / LPC 1900

4460 /

K 739

LKK:

IDAC:

Surveyor:

LSC

DOI:

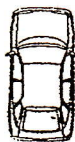
12/31/9

Date / Time:

11/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 7771 U

Claim No.:

18/19/19/4051010505

Name of Insured:

LOH AI

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

9/3/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

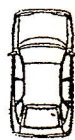
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SJB 2082 U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Leony And.



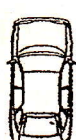
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

19/7/19

SJB 2082 U - X; SLS 7771 U - 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:

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:

17/06/19

OI CHANGED CASE
LPC APPROVED MANDATE27/06/19
15/07/19TP ACCEPTED OFFER.
LPC RETURNED ORIG. BOLS.
ALL IN ORDER.
TO CLOSE.

14-6-19

FOR MANDATE

PRELIMINARY ADVICE Date/Time: 15/08/19

Sent By: AB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: US

S\$ 3,800.00 (7 days) Reduction: 67 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

SHAWN

Email ☒ Call ☐

Final Liability:

%

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

15

If NO or B 28, Ass. Lia:

Repair Cost: GST

S\$ 4,066.00

Loss of Rental (LOR):

S\$ 900 (9 days) 100

Loss of Use (LOU):

S\$ (\$ x days)

Loss of Income (LOI):

S\$ X (\$ 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\$

Total:

S\$ 4,973.45 Global Sum S\$: -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$450.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,973.45

Name 1:

LONG AUTO PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-