

15/5/2010

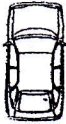
INS. CASE OWNER:

CC 4 / LPC1900 4968, Ekhbnz

LKK: IDAC:

Surveyor: SL0VE DOI: 1/1/14 Date / Time: 1/13/19 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 6174L
Name of Insured : ELOSYS INVESTMENTS PTY LTD
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 18/7/14
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : JATINDER SINGH
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 18/11/14/1000/07528
Policy No. : 18/1001/101610
Make / Model : MITSUBISHI
Place of Accident : CTE
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SKK5187P → → → → →



INSRS: _____
WSP: _____
Tel : VIN'S
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/ Time | | STAGE | DATE / PIC |
|---------------------------|--|-----------------------------------|-------------------------------------|
| | <u>YP 6174L</u> <u>SKK5187P</u> | Non-Reporting ltr (1st): | |
| | | Non-Reporting ltr (2nd): | |
| | | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| | | Call OI: | |
| | | After call ltr to OI: | |
| <u>12/07/19</u> | <u>FINANCED</u> <u>TP LOW IN</u> <u>PLUS REQUISITE. OLD INVOLVED IN</u> <u>A 3 VEH. C.C.; OLD CASE CASE</u> | Documentation Check List: Handler | Typist |
| | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> |
| | | Authorisation To Act: | <input checked="" type="checkbox"/> |
| | | Release Voucher: | <input checked="" type="checkbox"/> |
| <u>13/06/19</u> | <u>TYPE REPORT FOR MANDATE APPROVAL</u> <u>REPORT DONE</u> <u>SEEK MANDATE APPROVAL TO LPC</u> | Final Repair Bill: | <input checked="" type="checkbox"/> |
| | | Car Rental Invoice: | <input checked="" type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> |
| <u>15/08/19</u> | <u>LPC APPROVED MANDATE</u> <u>SEND 1ST OFFER TO TP</u> | LTA / GIA : | <input checked="" type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> |
| <u>03/09/19</u> | <u>TP ACCEPTED OFFER</u> <u>RECEIVED DV.</u> <u>ALL DOCS IN ORDER</u> <u>TO CLOSE.</u> | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> |
| | | LOD | <input checked="" type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: <u>20/08/19</u> Sent By: <u>bs</u> | Post-Repair Photos: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |

| | |
|---|---|
| FINALIZATION | Date/Time: _____ Confirm with: _____ Confirm by: _____ |
| Repair Cost: <u>H6</u> | S\$ <u>10,450.00</u> (<u>7</u> days) Reduction: <u>30</u> % Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: <u>20/08/19</u> Confirm with: <u>RAYMOND</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u> | If NO or B 28, Ass. Lia : <u>100%</u> <u>(3 VEH. C.C.; OLD CASE)</u> |
| Repair Cost: <u>(W/LEAD)</u> | S\$ <u>11,125.00</u> |
| Loss of Rental (LOR): | S\$ <u>1,350.00</u> (<u>9</u> days) X \$ <u>150</u> |
| Loss of Use (LOU): | S\$ <u>-</u> (\$ x days) |
| Loss of Income (LOI): | S\$ <u>-</u> (\$ 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 | S\$ <u>2.00</u> |
| Medical: | S\$ <u>-</u> |
| Disbursement: | S\$ <u>-</u> (e.g. Tow/ Independent) |
| Legal Cost | S\$ <u>-</u> |
| Total: | S\$ <u>12,480.00</u> Global Sum S\$: <u>-</u> |
| FINAL PAYMENT | Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ <u>12,480.00</u> Name 1: <u>VIN'S MOTOR PTY LTD</u> |
| Payee 2: (Strike if N.A.) | S\$ <u>=</u> Name 2: <u>=</u> |
| Payee 3: (Strike if N.A.) | S\$ <u>=</u> Name 3: <u>=</u> |

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$450.00