

INS. CASE OWNER:

CC 3 / MG 1900 7947, A 203

LKK:
IDAC:

Surveyor:

Adrain

DOI:

8/5/2019

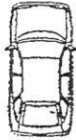
Date / Time:

6/5/19

Registered in Merimen:

6/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGD 1808 B

Name of Insured:

Kam mma LI

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

26/04/2019

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

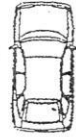
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SDR 880P



INSRS:

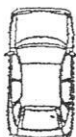
WSP:

Tel:

Liability:

RMKS:

Premium



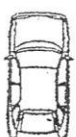
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SDR 880P - x ; SGD 1808 B - x

9/5

(liability clear)

- OI no answer email LOI

- pending estimate & finalised from Adrain

17-07-20

LIABILITIES: 1) SLM 4315Y PAYS OI (4 VEHICLES COLLISION)

2) OI PAYS M/CYCLE FBH 2965L
SDR 880P

17-07-20

ASK SURVEYOR TO FINALISED ESTIMATE SINCE 08/05/19 TILL NOW
ALSO CHECK WHETHER M/CYCLE FBH 2965L ALSO CLAIMING?

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 5339.40

(3 days)

Reduction: 45

%

Email

Call

FINAL SETTLEMENT

Date/Time: 20/7/2020

Confirm with Nadia

Email

Call

Final Liability:

%

100

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

28(K)

If NO or B 28, Ass. Lia:

Repair Cost: (w/hn)

S\$ 5713.16

C-C (OI 2nd car)

Loss of Rental (LOR):

S\$ -

(days)

liable to m-b & TP

Loss of Use (LOU):

S\$ 180.00

(\$ 60 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\$ 2.00

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/Independent)

2) Report Format: TP

Legal Cost

S\$ -

3) Survey fee: \$320

Total:

S\$ 5895.16

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 5895.16

Name 1:

Premium Automobiles Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: