

INS. CASE OWNER:

My staley

CC 4, ASM

1900 8087

/ Hha3

LKK:

IDAC:

114717

Surveyor:

LMP

DOI:

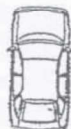
9/5/19

Date / Time :

8/5/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJG 6553 B

Name of Insured :

Ng Wan Boon

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A : 6/5/20 19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

SQM01MPB

Policy No. :

Make / Model :

Place 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

Sme 8716 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cms Carage.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Sme 8716 X - X ; SJG 6553 B - 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:

19/04/2020

Pls refer to Views for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/sum

S\$ 8,700.00

(9

days) Reduction: 55

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time: 19/04/2020

Confirm with Nicole

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

Repair Cost:

S\$ 8,700.00

Loss of Rental (LOR):

S\$ 900.00

(9

days) x \$100.00

Loss of Use (LOU):

S\$ (\$

x

days)

Loss of Income (LOI):

S\$ (\$

x

days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

HIA/LTA Search

S\$ 7.45

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$ 9,607.45

Global Sum S\$9,100.00

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$ 9,100.00

Name 1:

CAS GARAGE PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Email

Call

1) Claim status: Normal/TP

2) Report Format: TP

3) Survey fee: \$350.00