

INS. CASE OWNER:

CC BY /LPC1901

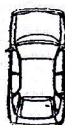
LKK:
IDAC

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

(YES / NO)

HP:

D.O.A :

Nature of Accident :

Claim No.

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

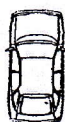
Insured Liability :

%	Final ?	Yes / No
100	100	100
90	90	90
80	80	80
70	70	70
60	60	60
50	50	50
40	40	40
30	30	30
20	20	20
10	10	10
0	0	0

SJU 8752e

SB7. 25u.

SUX 5781C



INSRS:
WSP:
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:4



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SUX 5781C - X 8B726C - X	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:	☐ ☐
20/06/19	MUS EQUIPMENT. OI INVOLVED IN A 8 VEH. C.C.; OI 2ND CAR.		
	EMAIL LIABILITY CLERK		
24/07/19	FINALISED		
	TYPE REPORT WHILE PENDING TP LOD		
	REPORT SENT		
	ORIGINAL TP LOD IN.		
22/08/19	966K WARRANT APPROVAL TO LPC		
29/08/19	LPC APPROVED WARRANTS.		
	SEND 1ST OFFER TO TP		
	TP ACCEPTED OFFER.		
19/09/19	RECEIVED DV		
	ALL DOCS IN ORDER		
PRELIMINARY ADVICE Date/Time: 20/06/19 Sent By: BS			

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	P/P	\$S 2,884.96	3 days) Reduction: 22 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	(w/gst)	\$S 3,086.91		(3 VEH. C.C., 01 ZND)
Loss of Rental (LOR (w/gst))	\$S	642.00 (5 days)	x 4720	
Loss of Use (LOU):	\$S	— (\$ x days)		
Loss of Income (LOI):	\$S	— (\$ x days)		OKB. BY W/ LFC
LOR only ☒ LOU only ☐		LOR + LOU ☐ LOR + LO ☐	[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:
Legal Cost	\$S	—		3) Survey fee: \$400.00
Total:	\$S	3,730.91	Global Sum \$S: —	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S	3,730.91	Name 1:	MOVA AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	\$S	—	Name 2:	—
Payee 3: (Strike if N.A.)	\$S	—	Name 3:	—