

INS. CASE OWNER:

CC3, 01 190 10934, Klea3

LKK:
IDAC:

Surveyor:

Kalvin

DOI:

19/6/19

Date / Time :

19/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBB 1398L



Insured Vehicle No. : GBB 1398L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 12/6/19

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

8Ae 8456 E



INSRS:
WSP:
Tel : CMW6 (0945)
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

8Ae 8456 E - CMW6 160590601 11/11/16
- est 24 160 100301/0002, 01/10/16
- est 21 100000521 5/6/12; 01/10/16
GBB 1398L - 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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by: AWK

FINALIZATION Date/Time: Confirm with: CATHERINE Email Call

Repair Cost: L/S S\$ 3,500.00 (3 days) Reduction: 46 % Email Call

FINAL SETTLEMENT Date/Time: 18.08.20 Confirm with: CATHERINE Email Call

Final Liability: % 100% (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 3,745.00 (3.5 days) X \$116.95

Loss of Rental (LOR): S\$ - (\$ x days)

Loss of Use (LOU): S\$ 175.00 (\$ 50 x 3.5 days)

Loss of Income (LOI): LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.49

Medical: S\$ - 1) Claim status: Normal/Reject/Private Sett.

Disbursement: S\$ - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S\$ - 3) Survey fee: \$400

Total: S\$ 4,336.82 Global Sum S\$: 4,330.00

FINAL PAYMENT Date/Time: 18.08.20 Confirm with: CATHERINE Email Call

Payee 1: S\$ 4,330.00 Name 1: COMFORT TRANSPORTATION PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3: