

15/5/2010

INS. CASE OWNER: ECOM 904

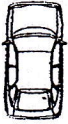
CC 3 / CTI1901 1490, C h6352

LKK:

IDAC:

Surveyor: KennethDOI: 27/6/19Date / Time: 27/6/19Registered in Merimen: —

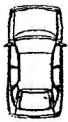
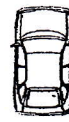
Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 3833DClaim No. : SWML190212038Name of Insured : W9 T8K K1049Policy No. : —Insured Tel No. : — HP: —Make / Model : —Excess Sec II : \$ \$ — D.O.A : 27/6/19Place of Accident : —Is driver the owner? (YES / NO) Nature of Accident : —If NO, Driver Name / Age : MB Q1049x19

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

Driver Tel No. : —

(V/L: YES / NO)

Insured Liability : % — Final ? Yes / NoSJC 5771PINSRS: Trans
WSP: CUB
Tel : —
Liability : —
RMKS: —INSRS: —
WSP: —
Tel : —
Liability : —
RMKS: —INSRS: —
WSP: —
Tel : —
Liability : —
RMKS: —INSRS: —
WSP: —
Tel : —
Liability : —
RMKS: —

Date/ Time	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:	<u>11/07/19 - vic</u>
	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: <u>28/06/19</u>	Sent By: <u>K3</u>
FINALIZATION	Date/Time: <u>—</u>	Confirm with: <u>—</u>
Repair Cost: <u>L9</u>	\$ \$ <u>4,100.00</u> (<u>3</u> days) Reduction: <u>91</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>13/03/2020</u>	Confirm with: <u>W91 71N</u>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>1</u>	Email ☒ Call ☐
Repair Cost: <u>(w/ GST)</u>	\$ \$ <u>4,387.00</u>	If NO or B 28, Ass. Lia : <u>(OIP FROM SUP ROAD)</u>
Loss of Rental (LOR):	\$ \$ <u>297.39</u> (<u>3</u> days) x \$ <u>99.13</u>	
Loss of Use (LOU):	\$ \$ <u>—</u> (\$ x days)	
Loss of Income (LOI):	\$ \$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	\$ \$ <u>7.49</u>	
Medical:	\$ \$ <u>—</u>	
Disbursement:	\$ \$ <u>—</u> (e.g. Tow/ Independent)	
Legal Cost	\$ \$ <u>—</u>	
Total:	\$ \$ <u>4,841.88</u> Global Sum \$ \$: <u>—</u>	
FINAL PAYMENT	Date/Time: <u>—</u>	Confirm with: <u>—</u>
Payee 1:	\$ \$ <u>4,840.00</u> Name 1: <u>TRANS-CAD AUTO SERVICES PTE LTD</u>	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	\$ \$ <u>—</u> Name 2: <u>—</u>	
Payee 3: (Strike if N.A.)	\$ \$ <u>—</u> Name 3: <u>—</u>	