

Abb3

15/9/2019

INS. CASE OWNER: CC 4/AXA1901 2233, Abb3 LKK: IDAC:

Surveyor: Adrian DOI: 10/8/19 Date / Time: 10/8/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG 4936H Claim No. : 99002732 (126001)

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II : \$ 1500 D.O.A : 4/7/19 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

SKA 2155m → → → → →

INSRS: WSP: ACE INSRS: WSP: INSRS: WSP: INSRS: WSP:

Tel: Auto Tel: Tel: Tel:

Liability: Liability: Liability: Liability:

RMKS: RMKS: RMKS: 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:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others: GRAB RECEIPTS	<input checked="" type="checkbox"/> <input type="checkbox"/>

29/09/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/S \$S 9,000.00 (24 days) Reduction: 77.72 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/09/2020 Confirm with ANNA Email ☒ Call ☐

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

Repair Cost: \$S 9,000.00

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

Loss of Use (LOU): \$S 3,000.00 (\$100 x 30 days)

Loss of Income (LOI): \$S (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search \$S

Medical: \$S

Disbursement: \$S 180.00 (e.g. ☐ Tow ☐ Independent)

Legal Cost GRAB RECEIPTS \$S 238.00

Total: \$S 12,418.00 Global Sum \$S: 11,700.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1: \$S 11,700.00 Name 1: ACE AUTOLUTION PTE LTD

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

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

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00