

INS. CASE OWNER:

SALIHA

CC6/AIG19014852/Uda3

LKK:

IDAC:

Surveyor:

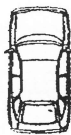
MARCUS

DOI: 23/08/2019

Date / Time : 23/08/2019

Registered in Merimen: 23/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJX 5767T

Name of Insured : LEONG CHEE KEN

Insured Tel No. : HP: 65-96433443

Excess Sec II : S\$ D.O.A : 08/08/2019 19:00

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 7693971380SG

Policy No. : 1700021576

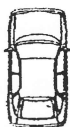
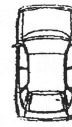
Make / Model : NISSAN SYLPHY 1.5L 4AT

Place of Accident : ALONG PIE TOWARDS CHANGI AIRPORT

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

Insured Liability % Final ? Yes / No

FBG 4998J

INSRS:
WSP: BHH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	FBG 4998J - X	SJX 5767T - 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
			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:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$ 3950.00 (3 days) Reduction: 38 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 28/9/2020	Confirm with Raymond	Email ☒	Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	\$4226.50 S\$ 2113.25			
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	\$60 S\$ 30.00 (\$ 20 x 3 days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ 2.00		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$ -		2) Report Format: TP	
Disbursement:	S\$ - (e.g. Tow/ Independent)		3) Survey fee: \$320	
Legal Cost	S\$ -			
Total:	S\$ 2145.25	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 2145.25	Name 1: Ban Hock Hin Co. Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		