

15/5/2010

INS. CASE OWNER:

CC 4/FWD1901

4864, R2P18.

s3

LKK:

IDAC:

Surveyor:

RAGNI

DOI:

22/8/19

Date / Time :

22/8/19.

Registered in Merimen:

22/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJW 32045.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

22/8/19.

Place of Accident :

Is driver the owner? ( YES / NO )

Nature 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

SLF 4827G



INSRS:

WSP:

Tel :

Liability :

RMKS:

XinYa  
Auto.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE                                    | DATE / PIC |
|------------|------------------------------------------|------------|
| 07/08/2020 | 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:                                  |            |

| PRELIMINARY ADVICE                                                             |     | Date/Time:                                                                           | Sent By:                              | Confirm by:                                                             |
|--------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|
| FINALIZATION                                                                   |     | Date/Time:                                                                           | Confirm with:                         | Confirm by:                                                             |
| Repair Cost:                                                                   | P/P | \$S 8,184.60                                                                         | ( 12 days) Reduction: 33 %            | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                               |     | Date/Time: 07/08/2020                                                                | Confirm with: Kevin                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | %   | 100                                                                                  | (Agreed / Assessed) BOLA S/N No. : 28 | If NO or B 28, Ass. Lia : 100                                           |
| Repair Cost:                                                                   | \$S | 8,184.60                                                                             |                                       |                                                                         |
| Loss of Rental (LOR):                                                          | \$S | 2,400.00                                                                             | ( 16 days) x \$150.00                 |                                                                         |
| Loss of Use (LOU):                                                             | \$S | ( \$ x days)                                                                         |                                       |                                                                         |
| Loss of Income (LOI):                                                          | \$S | ( \$ x days)                                                                         |                                       |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> |     | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                       |                                                                         |
| GIA/LTA Search                                                                 | \$S | 2.00                                                                                 |                                       |                                                                         |
| Medical:                                                                       | \$S |                                                                                      |                                       |                                                                         |
| Disbursement:                                                                  | \$S |                                                                                      | (e.g. Tow/ Independent )              |                                                                         |
| Legal Cost                                                                     | \$S |                                                                                      |                                       |                                                                         |
| Total:                                                                         | \$S | 10,586.60                                                                            | Global Sum \$S: 10,500.00             |                                                                         |
| FINAL PAYMENT                                                                  |     | Date/Time:                                                                           | Confirm with:                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                       | \$S | 10,500.00                                                                            | Name 1: XinYa Auto Services Pte Ltd   |                                                                         |
| Payee 2: (Strike if N.A.)                                                      | \$S |                                                                                      | Name 2:                               |                                                                         |
| Payee 3: (Strike if N.A.)                                                      | \$S |                                                                                      | Name 3:                               |                                                                         |

TP  
\$500.00