

INS CASE OWNER: **Ler, Bernard**

CC6/AIG19015266/Uba3

LKK
IDAC

Surveyor:

MARCUSDOI: **29/08/2019**Date / Time: **29/08/2019**Registered in Merimen: **29/08/2019**

Pre-assign / CCU / FTE

Insured Vehicle No.: **SKU 6292T**Claim No.: **6611140013SG**Name of Insured: **LIM BOON CHYE**Policy No.: **2100423725**Insured Tel No.: **HP: +65-98632146**Make / Model: **MERCEDES-BENZ C180**

Excess Sec II :S\$

D.O.A: **28/08/2019 12:55**Place of Accident: **ALONG BALESTIER RD TWDS THOMSON RD**

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****SJD 10G**INSRS:
WSP: **FASTECH**
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:	06/09/19-VIC
	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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **L16** S\$ **10,000.00** (**5** days) Reduction: **66** % Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐Final Liability: % **30** (Agreed / Assessed) BOLA S/N No.: **NL**

If NO or B 28, Ass. Lia:

Repair Cost: **10,000.00** S\$ **5,350.00****CONSTRUCTING VERMONG**Loss of Rental (LOR): **1000** S\$ **150.00** (**5** days) x **100.00**Loss of Use (LOU): **-** S\$ **-** (\$ x days)Loss of Income (LOI): **-** S\$ **-** (\$ x days)LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search **22.00** S\$ **2.00**Medical: **-** S\$ **-**Disbursement: **-** S\$ **-** (e.g. Tow/ Independent)Legal Cost: **-** S\$ **-**Total: **11,602.00** S\$ **5,802.00** Global Sum S\$:Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: **5,802.00** S\$

Name 1:

FASTECH AUTO PTE LTDPayee 2: (Strike if N.A.) **-** S\$

Name 2:

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

Name 3: