

CC 3 / CTI1901 5930, K66712 LKK:
IDAC:
Date / Time: 6/1/19
Registered in Merlimen: /

Assignment: 6/1/19
Vehicle No: SKL 5023H
Name of Insured: INTER UBERT EMPLOYMENT PTE
Insured Tel No: /
Excess Sec II SS: /
Is driver the owner? (YES / NO) : /
If NO, Driver Name / Age: CHEN SOON EWE
Driver Tel No: /
Nature of Accident: /
D.O.A: 5/1/19
Claim No: /
Policy No: /
Make / Model: /
Place of Accident: /
OI GIA REPORT: YES / NO : / TP GIA REPORT: YES / NO : /
Insured Liability: % Final ? Yes / No : /

INSRS: / WSP: / Tel: / Liability: / RMKS: /
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Date / Time	STAGE	DATE / PIC
23/1/2020	Non-Reporting ltr (1st):	
Chenchen	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OE:	
	After call ltr to OE:	18/1/19
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
	After call ltr to OE:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input checked="" type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others:	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE Date/Time: / Sent By: / Confirm by: /

FINALIZATION Date/Time: / Confirm with: / Email ☒ Call ☐

Repair Cost: 45 SS 4,850 (5 days) Reduction: 31,049.96%

FINAL SETTLEMENT Date/Time: 17/1/2020 Confirm with: / Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

Repair Cost: (W/GST) SS 5,159.50

Loss of Rental (LOR): SS 665.28 (7 days) x 95.04

Loss of Use (LOU): SS - (S - x - days)

Loss of Income (LOI): SS - (S - x - days)

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

GIA/LTA Search SS 7.49

Medical: SS - (e.g. Tow/Independent)

Disbursement: SS -

Legal Cost SS -

Total: SS 5,862.27 Global Sum SS: / Email ☐ Call ☐

FINAL PAYMENT Date/Time: / Confirm with: /

Payee 1: SS 5,862.27 Name 1: TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) SS - Name 2: /

Payee 3: (Strike if N.A.) SS - Name 3: /

1) Claim status: Normal/Reject/Private Settle

2) Report Format: /

3) Survey fee: \$400