

INS. CASE OWNER: CHAN KIAN MENG

CC4/AIG19016563/Kda3

LKK:
IDAC:

Surveyor: KENNETH

DOI: 23/09/2019

Date / Time : 19/09/2019

Registered in Merimen: 19/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SDS 636T

Name of Insured : TEO BEE KENG

Insured Tel No. : HP:

Excess Sec II : S\$ D.O.A : 07/09/2019 16:30

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

If NO, Driver Name / Age : TAN POH CHIN

Driver Tel No. : +65-81689250 (V/L: YES / NO)

Claim No. : 9284724741SG

Policy No. : 2100483420

Make / Model : MERCEDES-BENZ C180

Place of Accident : ROUND ABOUT AT STADIUM BOULEVARD

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

Insured Liability : % Final ? Yes / No

SLF 8348X

INSRS:
WSP: ESTEEM PML
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLF 8348X - X	SDS 636T - 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	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:	S\$ 749.36	(2 days) Reduction: 74 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01/07/2020	Confirm with: Carmen	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 801.82			
Loss of Rental (LOR):	S\$ 153.90	(2 days) X \$76.95		
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	S\$ 7.45			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		
Legal Cost	S\$ -			
Total:	S\$ 963.17	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 963.17	Name 1: Esteem Performance Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal ~~Report/Dispute/Scratch~~
 2) Report Format: TP
 3) Survey fee: \$320