

INS. CASE OWNER: Chan Kian Meng

CC4/AIG19017161/Bba392

LKK:

IDAC:

Surveyor: MR. LIM

DOI: 30/09/2019

Date / Time : 30.09.19

Registered in Merimen: 30.09.19

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 3855K
 Name of Insured : GOLDBELL CAR RENTAL PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 25/9/19 00:05

Claim No. : 6235750432SG
 Policy No. : 0999994303
 Make / Model : NISSAN NV200 1.5L MT
 Place of Accident : ALONG SOUTH WOODLANDS WAY ~

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : CHONG GIAP KHOON

Driver Tel No. : +65-96802550

(V/L YES / NO)

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

Insured Liability : % Final ? Yes / No

SME 6720K



INSRS:
 WSP: TEAM AUTOPRO
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel: _____
 Liability: _____
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INSRS:
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INSRS:
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SME 6720K - X	Non-Reporting ltr (1st):	
	GBD 3855K - CS3/AWA15007236/Rgbd1-1; DOA: 28/4/15	Non-Reporting ltr (2nd):	
	- NBA/LIP15001778/Y; DOA: 14/01/15	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:	☐ ☐
		PIP:	☐ ☐
		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: 45 S\$ 2,950.00 (7 days) Reduction: 25.08 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,950.00

(510 MADE WIDET TURN)

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 560.00 (\$ 80 x 7 days)

Loss of Income (LOI): S\$ (\$ x days)

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

GIA/LTA Search S\$ 24.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00

Total: S\$ 3,534.00

Global Sum S\$: 3,500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 3,500.00

Name 1: TEAM AUTOPRO PTE LTD

Payee 2: (Strike if N.A.) S\$ -

Name 2: -

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

Name 3: -