

15/5/2010

INS. CASE OWNER:

CC 3 / III 1901 8751 / E glos

LKK:
IDAC:

Surveyor:

Steve

DOI:

24/10/19

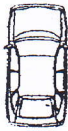
Date / Time:

17/10/19

Registered in Merimen:

18/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3235D

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

9/10/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

MCM0005

MYNNOB1

BKT BROOK WEST

If NO, Driver Name / Age:

TAN TEOK HWEE

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SLQ 2603R



INSRS:

WSP:

Tel:

Liability:

RMKS:

VAG



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:	
		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:

Steve

Repair Cost:

45

S\$ 3600.00

(

4

days) Reduction:

#1021.35

%

22

Email

Call

FINAL SETTLEMENT

Date/Time:

18/3/2020

Confirm with:

Jeslyn

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia :

Repair Cost:

(MGT)

S\$ 3852.00

Loss of Rental (LOR):

S\$ 480.00

(

4

days) x \$400

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

☒

LOU only

☐

LOR + LOU

☐

LOR + LO

☐

[Tick only one]

GIA/LTA Search

S\$

7.45

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:

#350/-

Total:

S\$ 4339.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4339.45

Name 1:

VAG SINGAPORE Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: