

15/5/2010

INS. CASE OWNER:

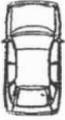
006/AIG1001 8357, Adk3

LKK:

IDAC:

Surveyor: Adnan DOI: 16/10/19 Date / Time : 16/10/19  
 Registered in Merimen: 15/10/19

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLX 1353G Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :\$ \_\_\_\_\_ D.O.A : 12/10/19 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (VL: YES / NO) Insured Liability : % Final ? Yes / No

SFW 5977G → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS: Kang  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SFW 5977G - X</u>	Non-Reporting ltr (1st):	
<u>SLX 1353G - X</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Post-Repair Photos:  Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: L/SUM \$S\$ 34,800.00 ( 28 days) Reduction: 52 % Email  Call

**FINAL SETTLEMENT** Date/Time: 30/4/2021 Confirm with: SHARON Email  Call   
 Final Liability: % 90 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 37,236.00 \$S\$ 33,512.40  
 Loss of Rental (LOR): \$S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)  
 Loss of Use (LOU): 2100 \$S\$ 1,890.00 x 60 x 35 days  
 Loss of Income (LOI): \$S\$ \_\_\_\_\_ (\$ x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
 GIA/LTA Search \$S\$ 31.00  
 Medical: \$S\$ \_\_\_\_\_  
 Disbursement: \$S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost \$S\$ \_\_\_\_\_  
 Total: \$S\$ 35,433.40 Global Sum \$S\$: 35,000.00  
 1) Claim status: Normal TP  
 2) Report Format: TP  
 3) Survey fee: 320.00

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S\$ 35,000.00 Name 1: KANG CAR REPAIRERS PTE LTD  
 Payee 2: (Strike if N.A.) \$S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_