

15/5/2010

INS. CASE OWNER:

CC 4/FWD1901

8890, Kpb3

LKK:

IDAC:

Surveyor:

CSC

DOI:

24/10/19

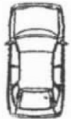
Date / Time :

27/10/19

Registered in Merimen:

24/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLF 238H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

24/10/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

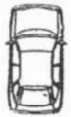
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SMJ 7245C

INSRS:
WSP:
Tel :
Liability :
RMKS:leong
AutoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

13/08/2020

Pls refer to Views for details.

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:

Repair Cost: L/sum S\$ 14,400.00 (12 days) Reduction: 54 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/08/2020 Confirm with: Cady

Email ☒ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 15,408.00

Loss of Rental (LOR): S\$ 2,400.00 (15 days) x \$160.00

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\$ 100.00

(e.g. ☐ Independent)

Legal Cost S\$

1) Claim status: Normal ☐ Direct ☐ Private ☐ Settle

2) Report Format: TP

3) Survey fee: \$500.00

Total: S\$ 17,915.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 17,915.45

Name 1:

Leong Auto Pte Ltd

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

Name 2:

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

Name 3: