

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

Surveyor: STEVE DOI: 4/10/19Date / Time : 27/10/19
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GZ 6160LClaim No. : —Name of Insured : —Policy No. : —Insured Tel No. : — HP: —Make / Model : —

Excess Sec II : \$

D.O.A : 27/10/19Place 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. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKF 54124INSRS:
WSP: ARC
Tel : —
Liability : —
RMKS: —INSRS:
WSP: —
Tel : —
Liability : —
RMKS: —INSRS:
WSP: —
Tel : —
Liability : —
RMKS: —INSRS:
WSP: —
Tel : —
Liability : —
RMKS: —

Date/ Time	STAGE	DATE / PIC
<u>SKF 54124-X</u>	<u>GZ 6160L-X</u>	
	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: <u>—</u> Sent By: <u>—</u>		Confirm by: <u>CTY</u>
FINALIZATION Date/Time: <u>—</u> Confirm with: <u>—</u>	Confirm by: <u>CTY</u>	
Repair Cost: <u>L/S</u> S\$ <u>2,550.00</u> (<u>3</u> days) Reduction: <u>37</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>14.07.21</u> Confirm with: <u>SHU JUAN</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>2,728.50</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR): S\$ <u>-</u> (<u>—</u> days)		
Loss of Use (LOU): S\$ <u>180.00</u> (\$ <u>60</u> x <u>3</u> days)		
Loss of Income (LOI): S\$ <u>—</u> (\$ <u>—</u> x <u>—</u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ <u>-</u>	1) Claim status: Normal/ <u>Project/Dispute Settled</u>	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>	3) Survey fee: <u>\$400</u>	
Total: S\$ <u>2,910.50</u> Global Sum S\$: <u>2,910.00</u>		
FINAL PAYMENT Date/Time: <u>14.07.21</u> Confirm with: <u>SHU JUAN</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>2,910.00</u> Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ <u>—</u> Name 2: <u>—</u>		
Payee 3: (Strike if N.A.) S\$ <u>—</u> Name 3: <u>—</u>		