

INS. CASE OWNER:

JIMMY FOO

CC6/AIG19020379/Uda3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

18/11/2019

Date / Time : 18/11/2019

Registered in Merimen: 18/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SBJ 9800Y

Claim No. : 4271435220SG

Name of Insured : TEH SIN CHIN

Policy No. : 2100499504

Insured Tel No. : HP:

Make / Model : BMW 740 LIA

Excess Sec II :S\$

D.O.A : 15/11/2019 10:10

Place of Accident : PAYA LEBAR RD TOWARDS UPP PAYA LEBAR

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : NAH LUANG CHEE

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

Driver Tel No. : +65-96419188

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SKU 6080M

INSRS:
WSP: SPECIALISTS
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKU 6080M - CS/MSG19018034/Utf3n2; DOA: 07.10.19	Non-Reporting ltr (1st):	
SBJ 9800Y - X	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ (days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/04/2020	Confirm with Irene	Email ☒ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: \$4387	S\$ 2,193.50		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU): \$360	S\$ 180.00 (\$120 x 3 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
Total:	S\$ 2,375.50	Global Sum S\$: 2,370.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2,370.00	Name 1: Specialists Motor Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/~~Agreed/Assessed~~
 2) Report Format: TP
 3) Survey fee: \$320