

CC4/AIG19020380/Abb3

15/5/2010

INS. CASE OWNER:

~~CC 4/AIG19020380, Abb3~~

LKK:
IDAC:

Surveyor: ADMAN DOI: 18/11/19 Date / Time : 18/11/19
Registered in Merimen: 18/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 4377R Claim No. : 5717007102SG
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : allura 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. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

GRF 8481L → _____ → _____ → _____



INSRS: LDGE
WSP: bradell
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>GRF 8481L - X</u>		
	<u>SMM 4377R - 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)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<u>22/07/2020</u>	<u>SETTLED AND CLOSED</u>		

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: P/P \$S 4,982.97 (4 days) Reduction: 55 % Email Call

FINAL SETTLEMENT Date/Time: 21/07/2020 Confirm with: CECELIA LEE Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: \$S 5,331.78
Loss of Rental (LOR): \$S _____ (_____ days)
Loss of Use (LOU): \$S 500.00 (\$100 x 5 days) OI rear-ended TP.
Loss of Income (LOI): \$S _____ (\$ _____ x _____ days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]
GIA/LTA Search \$S 2.00
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: \$320.00

Total: \$S 5,833.78 Global Sum \$S: 5,800.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 5,800.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____

