

LKK:
IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 75V 911998

Claim No. : _____

Name of Insured : MANISH KUMAR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ D.O.A : 1/12/19

Place of Accident : _____

Is driver the owner? (YES) / NO) Nature of Accident :

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

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES/ NO)

Insured Liability :	%	Final ? Yes / No
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SMN 35995



INSRS:
WSP: K Kim
Tel:
Liability: Min.
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE		DATE / PIC	
10/2/20 3:05pm		SUNNY MARGES - X		SAR 94227 - X	
spoke to OI. OI hit TP from behind. Informed TP claim and advise NCD affected - Sent letter to OI.		Non-Reporting ltr (1st):			
		Non-Reporting ltr (2nd):			
		Non-Reporting ltr (Final):			
		Notification ltr (if non-pickup):			
		Call OI:		7/12 JC	
		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: PIP		S\$ 3443.04 (6 days) Reduction: 41 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 19/12/2021 Confirm with: Conn					
Final Liability:		% 100 (Agreed / Assessed) BOLA S/N No. : 27		Email ☒ Call ☐	
Repair Cost: W/HSY		S\$ 3684.05		If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):		S\$ (- days)		col HIT DRIVING school (er)	
Loss of Use (LOU):		S\$ 600.00 (\$ 120 x 5 days) (TP veh learning car)			
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\$ -		1) Claim status: Normal/Reject/Private Settle	
Disbursement:		S\$ - (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost		S\$ -		3) Survey fee: \$ 320.00	
Total:		S\$ 4286.05		Global Sum S\$:	
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐					
Payee 1:		S\$ 4286.05		Name 1: K Kim Hin Auth Pte Ltd	
Payee 2: (Strike if N.A.)		S\$ -		Name 2:	
Payee 3: (Strike if N.A.)		S\$ -		Name 3:	