

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJA 4906 LClaim No. : 59m02965

Name of Insured :

Policy No. :

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II :S\$ _____

D.O.A : 06/12/2019

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

SKD 7590 RINSRS:
WSP: Team AutoPro
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	Confirm by: <u>LTG</u>
FINALIZATION	Date/Time:	Confirm with:	Confirm by: <u>LTG</u>
Repair Cost: <u>L/S</u>	S\$ <u>9550.00</u>	(<u>7</u> days) Reduction: <u>18,408.91 %</u>	66
FINAL SETTLEMENT	Date/Time: <u>13/04/2020</u>	Confirm with: <u>ADEL</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>
Repair Cost:	S\$ <u>9550.00</u>		<u>C.C OI 2ND</u>
Loss of Rental (LOR):	S\$ <u>960.00</u>	(<u>8</u> days) x \$120	
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\$ <u>36.45</u>		
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>10,546.45</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>10,546.45</u>	Name 1: <u>TEAM AUTOPRO PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	