

15/5/2010

INS. CASE OWNER:

CC 4/ASM190 21765 / U<sub>pa3</sub>

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 1908 L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 07/12/2019

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

SJK 3326 P



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

24/04/2020

Pls refer to Views for details.

| 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:                                                                              |                                                                         |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm by:                      |                                                                                      |                                                                         |
| <b>FINALIZATION</b>                                                            | Date/Time:                                                                           | Confirm with:                                                           |
| Repair Cost: L/sum                                                             | \$S 13,000.00 ( 16 days) Reduction: 54 %                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: 24/04/2020 Confirm with Elin                                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. : 28                                          | If NO or B 28, Ass. Lia : 100                                           |
| Repair Cost:                                                                   | \$S 13,000.00                                                                        |                                                                         |
| Loss of Rental (LOR):                                                          | \$S 1,900.00 ( 19 days) x \$100.00                                                   |                                                                         |
| Loss of Use (LOU):                                                             | \$S (\$ x days)                                                                      |                                                                         |
| Loss of Income (LOI):                                                          | \$S (\$ x days)                                                                      |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                         |
| GIA/LTA Search                                                                 | \$S 36.45                                                                            |                                                                         |
| Medical:                                                                       | \$S                                                                                  |                                                                         |
| Disbursement:                                                                  | \$S (e.g. Tow/ Independent )                                                         |                                                                         |
| Legal Cost                                                                     | \$S                                                                                  |                                                                         |
| <b>Total:</b>                                                                  | \$S 14,936.45 Global Sum \$S: 14,930.00                                              |                                                                         |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: Confirm with:                                                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                       | \$S 14,930.00 Name 1: Zoom Autowerks Pte Ltd                                         |                                                                         |
| Payee 2: (Strike if N.A.)                                                      | \$S Name 2:                                                                          |                                                                         |
| Payee 3: (Strike if N.A.)                                                      | \$S Name 3:                                                                          |                                                                         |