

15/5/2010

INS. CASE OWNER:

CC 4 / FWD190 21823 / Kga3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 2620 B

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 09/12/2019

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

SLP 402 Y

INSRS:  
WSP: Esteem Performance  
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)         | <input type="checkbox"/> |
|            | After call ltr to OI:                    | <input type="checkbox"/> |
|            | Authorisation To Act:                    | <input type="checkbox"/> |
|            | Release Voucher:                         | <input type="checkbox"/> |
|            | Final Repair Bill:                       | <input type="checkbox"/> |
|            | Car Rental Invoice:                      | <input type="checkbox"/> |
|            | Towing Invoice                           | <input type="checkbox"/> |
|            | LTA / GIA :                              | <input type="checkbox"/> |
|            | Medical Bill:                            | <input type="checkbox"/> |
|            | PIR:                                     | <input type="checkbox"/> |
|            | Mandate/Reject Instruction:              | <input type="checkbox"/> |
|            | LOD                                      | <input type="checkbox"/> |
|            | Payment Breakdown Form:                  | <input type="checkbox"/> |
|            | Post-Repair Photos:                      | <input type="checkbox"/> |
|            | Others:                                  | <input type="checkbox"/> |

|                                                                                |                                                                                      |                                                                                       |  |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>PRELIMINARY ADVICE</b> Date/Time:                                           |                                                                                      | Sent By:                                                                              |  |
| <b>FINALIZATION</b> Date/Time:                                                 |                                                                                      | Confirm with:                                                                         |  |
| Repair Cost: P/P                                                               | S\$ 6586.88 ( 4 days) Reduction: %                                                   | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>              |  |
| <b>FINAL SETTLEMENT</b> Date/Time: 08/05/2020                                  |                                                                                      | Confirm with: CARMEN                                                                  |  |
| Final Liability: % 100                                                         | (Agreed / Assessed) BOLA S/N No. : NIL                                               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>               |  |
| Repair Cost: S\$ 7047.96                                                       | (W/GST)                                                                              | If NO or B 28, Ass. Lia :                                                             |  |
| Loss of Rental (LOR): S\$ ( days)                                              |                                                                                      |                                                                                       |  |
| Loss of Use (LOU): S\$ 420 (\$ 70 x 6 days)                                    |                                                                                      |                                                                                       |  |
| Loss of Income (LOI): S\$ (\$ x days)                                          |                                                                                      |                                                                                       |  |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                                       |  |
| GIA/LTA Search: S\$ 7.48                                                       |                                                                                      |                                                                                       |  |
| Medical: S\$                                                                   |                                                                                      | 1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle                |  |
| Disbursement: S\$                                                              | (e.g. Tow/ Independent )                                                             | 2) Report Format: TP                                                                  |  |
| Legal Cost: S\$                                                                |                                                                                      | 3) Survey fee: \$500.00                                                               |  |
| <b>Total:</b> S\$ 7475.44                                                      | <b>Global Sum S\$:</b> 7470.00                                                       |                                                                                       |  |
| <b>FINAL PAYMENT</b> Date/Time:                                                |                                                                                      | Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |
| Payee 1: S\$ 7470.00                                                           | Name 1: ESTEEM PERFORMANCE PTE LTD                                                   |                                                                                       |  |
| Payee 2: (Strike if N.A.) S\$                                                  | Name 2:                                                                              |                                                                                       |  |
| Payee 3: (Strike if N.A.) S\$                                                  | Name 3:                                                                              |                                                                                       |  |