

Dbb3

15/5/2010

INS. CASE OWNER:

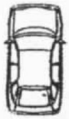
CC4/AIG190 2919, ~~82113~~

LKK:

IDAC:

Surveyor: ~~Paul~~ BRYANDOI: 11/11/19Date / Time : 11/11/19Registered in Merimen: 11/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 87520

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 9/11/19

Place of Accident : _____

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

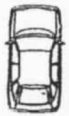
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SH 812PINSRS: chunni
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SH 812P - ns / inc 19007761 / KHD 292 DRY - 2014/19</u>	Non-Reporting ltr (1st):	
	<u>SMN 87520 - 1</u>	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"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

29/10/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost: <u>L/S</u> \$S <u>10,000.00</u> (<u>8</u> days) Reduction: <u>55</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>09/10/2020</u> Confirm with: <u>WILLIAM</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9</u>	If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST) \$S <u>10,700.00</u>	OID from minor road		
Loss of Rental (LOR): \$S <u>1,126.71</u> (<u>9</u> days) X \$125.19			
Loss of Use (LOU): \$S _____ (\$ x _____ days)			
Loss of Income (LOI): \$S <u>450.00</u> (\$ <u>50</u> x <u>9</u> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S <u>2.00</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>\$320.00</u>		
Total: \$S <u>12,278.71</u> Global Sum \$S: <u>12,250.00</u>			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S <u>12,250.00</u> Name 1: <u>CHUNNI MOTOR WORK PTE LTD</u>			
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____			
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____			