

15/5/2010

INS. CASE OWNER:

KC

CC 4 / ASM190

22187, A

LKK:

IDAC:

Surveyor:

adman

DOI:

15/11/19

Date / Time :

15/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFN 7007T

Claim No. :

510078 by 15/11/16

Name of Insured :

FOONKY KENDY KINT KENWETH

Policy No. :

GAUS6610

Insured Tel No. :

HP:

Make / Model :

KINOH

Excess Sec II :S\$

D.O.A. :

15/11/19

Place of Accident :

WIPPERY BRUB

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

SKN 6377U


 INSRs:
WSP:
Tel :
Liability :
RMKS:

Hua Meng


 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

 INSRs:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
02/06/2020	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:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	L/sum	S\$ 6,000.00 (6 days) Reduction: 58 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02/06/2020	Confirm with: Jing Yee	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,000.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 480.00 (\$ 80 x 6 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)			
Legal Cost	S\$			
Total:	S\$ 6,487.45	Global Sum S\$: 6,480.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 6,480.00	Name 1: Hua Meng Spray Painting Workshop		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		