

CC4/LPC19022505/Qbb3n2

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 67 53495

Claim No. : 19/19/20/VC00/022804

Name of Insured :

Policy No. :

Insured Tel No. : HP: 16/11/19

Make / Model :

Excess Sec II :\$ D.O.A. : 16/11/19

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

INSRS:
WSP: uk.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	sup 88195 - r	Non-Reporting ltr (1st):	
	67 53495 - na (w/ 901244 / 11/11/19)	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"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

25/09/2020

SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	\$S 1,808.18 (3 days) Reduction: 65.24 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 23/09/2020	Confirm with: S.T.SIM	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 : 0	
Repair Cost: (W/GST)	\$S 1,934.75			
Loss of Rental (LOR):	\$S (days)			
Loss of Use (LOU):	\$S 240.00 (\$ 80 x 3 days)			3 veh.c.c.; OID 2nd car
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 2.00			
Medical:	\$S			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost	\$S			3) Survey fee: \$400.00
Total:	\$S 2,176.75	Global Sum \$S: 2,150.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S 2,150.00	Name 1: LION CITY RENTALS PTE LTD		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		