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INS CASE OWNER: 44 | CC 4/LPC19022409 | Uhhx n2 | LKK IDAC

Surveyor: MARCUS | DOI: 26/1/19 | Date / Time: 20/1/19 | Registered in Merimen: _____

Pre-assign / CCU / FTE: _____

Insured Vehicle No.: SLE 4690m | Claim No.: 17/12/201905/022802

Name of Insured: BOO SOO CHAI | Policy No.: _____

Insured Tel No.: _____ | HP: _____ | Make / Model: _____

Excess Sec II : \$\$ | D.O.A.: 18/12/19 | 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.: _____ | Insured Liability: YES % Final ? Yes / No

SFD 821E → → → → →

INSRS: SM | INSRS: _____ | INSRS: _____ | INSRS: _____ | INSRS: _____

WSP: SM | WSP: _____ | WSP: _____ | WSP: _____ | WSP: _____

Tel: SM | Tel: _____ | Tel: _____ | Tel: _____ | Tel: _____

Liability: SM | Liability: _____ | Liability: _____ | Liability: _____ | Liability: _____

RMKS: SM | RMKS: _____ | RMKS: _____ | RMKS: _____ | 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)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	OTA GIA:	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE Date/Time: 26/1/19 | Sent By: bo

FINALIZATION Date/Time: _____ | Confirm with: _____ | Confirm by: _____

Repair Cost: 46 | \$S 2,200.00 (3 days) Reduction: 71 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/03/2020 | Confirm with: WENDY | Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 | If NO or B 28, Ass. Lia: COI RENE-GRATED TP

Repair Cost: (w/gh) | \$S 2,461.00

Loss of Rental (LOR): \$S — (— days)

Loss of Use (LOU): \$S 200.00 (\$ 100 x 3 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 2,768.45 | Global Sum \$S: —

FINAL PAYMENT Date/Time: _____ | Confirm with: _____ | Email ☐ Call ☐

Payee 1: \$S 2,768.45 | Name 1: 6 M SPRAY PAINTING PTE LTD

Payee 2: (Strike if N.A.) \$S — | Name 2: —

Payee 3: (Strike if N.A.) \$S — | Name 3: —