

INS. CASE OWNER: JIMMY FOO

CC3/AIG19022971/Gea3

LKK:

IDAC:

Surveyor: **XGQ** DOI: **02/01/2020**Date / Time : **31.12.19**Registered in Merimen: **31.12.19**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKS 1584U**

Claim No. :

Name of Insured : **CHOW WENG YING**Policy No. : **2100409897**Insured Tel No. : HP: **+65-98509456**Make / Model : **MAZDA 5 2.0 SKYACTIV**Excess Sec II : S\$ D.O.A : **27/12/2019 11:30**Place of Accident : **RAMP AFTER TOH TUCK AVE TOWARDS PIE TUAS**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

**SKS 1584U****SLP 6864H****SLP 8595X****UNKNOWN**

INSRS:

WSP:

Tel :

Liability :

RMKS: **OI**

INSRS:

WSP: **PREMIUM**

Tel :

Liability :

RMKS: **TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                       | STAGE                                    | DATE / PIC               |
|--------------------------------------------------|------------------------------------------|--------------------------|
| SLP 6864H - CC3/AIG19006834/Aqd3n2; DOA: 16.4.19 | Non-Reporting ltr (1st):                 |                          |
| SKS 1584U - X                                    | 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: <b>P/P</b> S\$ <b>5,706.40</b> ( <b>5</b> days) Reduction: <b>63</b> %                                                                                  |                                            | Confirm by: <b>XGQ</b>                                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>20.08.20</b>                 | Confirm with: <b>NADIA</b>                                   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>                                                                                           |                                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Repair Cost: <b>w/GST</b> S\$ <b>6,105.85</b>                                                                                                                        |                                            | If NO or B 28, Ass. Lia : <b>100%</b>                        |
| Loss of Rental (LOR): S\$ <b>500.00</b> ( <b>5</b> days) X \$100                                                                                                     |                                            |                                                              |
| Loss of Use (LOU): S\$ - (\$ x days)                                                                                                                                 |                                            |                                                              |
| Loss of Income (LOI): S\$ - (\$ x days)                                                                                                                              |                                            |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                            |                                                              |
| GIA/LTA Search S\$ <b>2.00</b>                                                                                                                                       |                                            |                                                              |
| Medical: S\$ -                                                                                                                                                       |                                            | 1) Claim status: Normal/ <del>Report/Police Settlement</del> |
| Disbursement: S\$ - (e.g. Tow/ Independent )                                                                                                                         |                                            | 2) Report Format: <b>TP</b>                                  |
| Legal Cost S\$ -                                                                                                                                                     |                                            | 3) Survey fee: <b>\$320</b>                                  |
| <b>Total:</b> S\$ <b>6,607.85</b>                                                                                                                                    | <b>Global Sum S\$:</b>                     |                                                              |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: <b>20.08.20</b>                 | Confirm with: <b>NADIA</b>                                   |
| Payee 1: S\$ <b>6,607.85</b>                                                                                                                                         | Name 1: <b>PREMIUM AUTOMOBILES PTE LTD</b> | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                    |                                                              |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                    |                                                              |