

15/5/2010

INS. CASE OWNER:

CC 6 / A16 2000 0468 / A2S3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

6/1/2020

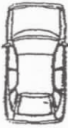
Date / Time :

6/1/2020

Registered in Merimen:

7/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLZ84926

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

8/1/2020

Place of Accident :

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 :

%

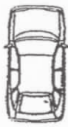
Final ? Yes / No

SLZ84926

SGN183Z

SML867Z

SJS9778L



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP: Advance

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGN183Z : X

SLZ84926 : NA/016/000847/64; DOA: 10/5/19

-OINK

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

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

MARKET VALUE: \$ 38,000

LTA REBATE : \$ 27,180

NETT VALUE : \$ 10,820

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

N.V

S\$ 10,820.00

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time: 09.10.20

Confirm with: XAVIER

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100%

N. VALUE

S\$ 10,820.00

4VEH CC OI D LAST

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 1,400.00

(\$ 100 x 14 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/

2) Report Format: TP

3) Survey fee: \$320

Total:

S\$ 12,220.00

Global Sum S\$:

FINAL PAYMENT

Date/Time: 09.10.20

Confirm with: XAVIER

Email

Call

Payee 1:

S\$ 12,220.00

Name 1:

ADVANCE AUTO GARAGE

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: