

LKK:

IDAC:

DVS. CASE OWNER:

CC 4 / RWD 2000 0533 / Aps3

Surveyor:

Adrian

DOI:

8/1/2020

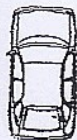
Date / Time:

7/1/2020

Registered in Merimen:

8/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS1723U

Claim No. : _____

Name of Insured : James Monash

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 7/1/2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

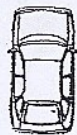
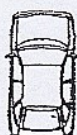
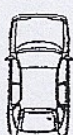
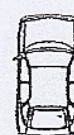
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

S3L8135K

INSRS:
WSP: Twin Car
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time

S3L8135K : X - , SJS1723U : X

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L15 S\$ 9500.00 (8 days) Reduction: 58 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 10.

If NO 6r B 28, Ass. Lia :

Repair Cost: W165 S\$ 10165.00 (9 days) X \$150.00

Loss of Rental (LOR): S\$ 1350.00 (9 days) X \$150.00

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$ -

Disbursement: S\$ 100.00 (e.g. Tow Independent)

Legal Cost S\$ -

Total: S\$ 11622.45 Global Sum S\$: 11600.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: QP

3) Survey fee: \$500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 11600.00 Name 1: TwinCar Automotive Pte Ltd

Payee 2: (Strike if N.A.) S\$ - Name 2: _____

Payee 3: (Strike if N.A.) S\$ - Name 3: _____