

INS. CASE OWNER:

CC 4 / AIG 2000 / 663 / Eds3

IDAC:

Surveyor:

Steve

DOI:

28/1/2020

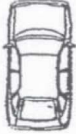
Date / Time:

28/1/2020

Registered in Merimen:

31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 37587

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 25/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

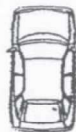
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJS 7727U

INSRS:
WSP: Dynamic
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJS 7727U : X ; SLG 37587 : X	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:	☐ ☐

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	\$S 7,600.00	(10 days) Reduction:	57 %
FINAL SETTLEMENT		Date/Time: 11/05/2020	Confirm with Michelle
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27
Repair Cost: (w/GST)	\$S 8,132.00		
Loss of Rental (LOR):	\$S 1,170.00	(9 days) X \$130	
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 36.45		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 9,338.45	Global Sum \$S:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S 9,338.45	Name 1:	Dynamic Autowork Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	