

15/5/2010

INS. CASE OWNER:

Jusy

CC 4 / FWD 2000 / 748

1 A ps 3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

4/2/2020

Date / Time:

30/1/2020

Registered in Merimen:

3/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKE 3774 Z

Claim No. : _____

Name of Insured : Yeo Karn Wei

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 20/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

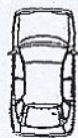
OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NO

Driver Tel No. : _____

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLF 9285L

INSRS:
WSP: Twincar
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time

SLF 9285L : CG6 / AIG 17013674 / Uleg3g2 ; DOA : 14/7/17
SKE 3774 Z : 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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$S 2150-W (3 days) Reduction: 50 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 5/1/2021

Confirm with: Hui Xin

Email ☐ Call ☐

Final Liability: % 1W (Agreed / Assessed) BOLA S/N No. : HIL

If NO or B 28, Ass. Lia :

Repair Cost: \$S 23W-50

Loss of Rental (LOR): \$S - (days)

Loss of Use (LOU): \$S 3W-W (\$ 1W x 3 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 - (e.g. Tow/ Independent)

Legal Cost \$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total: \$S 26W.95 Global Sum \$S: 26W-W

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: \$S 26W-W

Name 1: Twincar Automotive Pte Ltd

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

Name 2:

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

Name 3: