

INS. CASE OWNER:

CC 4 / AIG 2000 1799 / KES3

Surveyor:

Kenneth

DOI:

2/3/2020

Date / Time :

31/1/2020

Registered in Merimen:

3/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SBW 8288P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 12/1/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

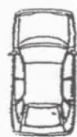
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMK 5203L



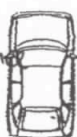
INSRS:

WSP: Esteem Performance

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMK 5203L 3 CC4/AIG 2000 1799 / KES3; DOA: 12/1/2020
SBW 8288P J

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: KSC

Repair Cost: P/P S\$ 2,285.80

(4 days) Reduction: 37 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 15.10.20

Confirm with CARMEN

Email ☐ Call ☐

Final Liability: 100 % 50

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

If NO or B 28, Ass. Lia :

Repair Costw/GST \$2,445.81 S\$ 1,222.91

BOTH PARTY TURNING LEFT

Loss of Rental (LOR) \$312.00 S\$ 156.00 (4 days) x \$78

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 \$7.45 S\$ 7.45

Medical: - S\$ -

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

Legal Cost - S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

Total: \$2,765.26 S\$ 1,386.36

Global Sum S\$: 1,380.00

FINAL PAYMENT

Date/Time: 15.10.20

Confirm with: CARMEN

Email ☐ Call ☐

Payee 1: S\$ 1,380.00

Name 1: ESTEEM PERFORMANCE PTE LTD

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

Name 2:

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

Name 3: