

INS. CASE OWNER:

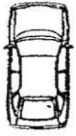
CC6/AIG20002888/Ada352

LKK:

IDAC:

Surveyor: ADRIANDOI: 18/02/2020Date / Time: 18/02/2020Registered in Merimen: 19/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLZ 5624M

Claim No. : _____

X

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ D.O.A : 17/02/2020 14:00

Make / Model : _____

Place of Accident : BLK 818 TAMPINES

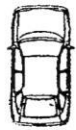
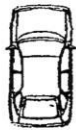
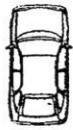
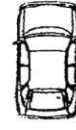
Is driver the owner? (YES / NO) Nature of Accident : _____

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

SJU 1798XINSRS:
WSP: J-MART
Tel: MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	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\$ 3500.00 (5 days) Reduction: 52 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 20/8/2020Confirm with AdminEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 4(a)

If NO or B 28, Ass. Lia :

Repair Cost: (w/ LTA) S\$ 3745.00Loss of Rental (LOR): S\$ 1190.00 (7 days) x \$170

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\$ -

Medical: S\$ -

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

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle2) Report Format: TP3) Survey fee: \$320Total: S\$ 4935.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 4935.00Name 1: J-Mart Motor Pte Ltd

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

Name 2:

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

Name 3: