

INS. CASE OWNER:

CC 6 / 111 2000 3620 / ~~U~~ ^b ~~X~~ 53

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

5/3/2020

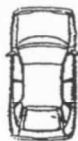
Date / Time:

5/3/2020

Registered in Merimen:

5/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7815 U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : SS

D.O.A : 5/3/2020

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. :

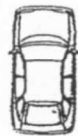
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLD 1707A

INSRS:
WSP: Choo Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLD 1707A : x
SHA 7815 U : 05/12/2011 (931/Ry1; DOA: 12/5/12

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:

02/12/2020

SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 10,000.00 (6 days) Reduction: 32.74 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 26/11/2020

Confirm with LINA

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 5

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 10,000.00

Loss of Rental (LOR): S\$ 600.00 (4 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\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total: S\$ 10,600.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 10,600.00

Name 1:

CHOO MOTOR SPRAY PAINTER

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP
\$600.00