

INS. CASE OWNER:

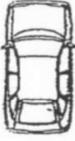
CC 4 / AIG 2000 3634 / QXs3

b

LKK:  
IDAC:

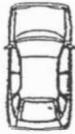
Surveyor: OSP DOI: 5/3/2020 Date / Time: 5/3/2020  
Registered in Merimen: 5/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 3233 X Claim No. : 8950617109SG  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 3/3/2020 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

SLM5551H →



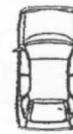
INSRS:  
WSP: Lion City  
Tel :  
Liability :  
RMKS:



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:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
30/10/2020	SETTLED AND CLOSED/ FILE IN DRAWER	

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	L/S S\$ 2,000.00	( 3 days)	Reduction: 66.36 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>26/10/2020</u>	Confirm with: <u>S.T.SIM</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 2,140.00			OI rear-ended TP
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU):	S\$ 350.00	(\$ 70 x 5 days)		
Loss of Income (LOI):	S\$ ( \$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 2.00			
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost	S\$			3) Survey fee: \$320.00
<b>Total:</b>	<b>S\$ 2,492.00</b>	<b>Global Sum S\$: 2,400.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,400.00	Name 1: <b>LION CITY RENTALS PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		