

INS. CASE OWNER:

cc 6, CTI 2000 3871, Aka3

LKK:

IDAC:

Surveyor:

Appian

DOI:

10/3/2020

Date / Time:

10/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 6574T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS _____ 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

SMP 5809T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cas Garage



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: 4 sum S\$ 5500.00 (6 days) Reduction: 68 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/3/2021 Confirm with Nicole

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: 4 sum S\$ 5885.00

Loss of Rental (LOR): S\$ 500.00 (5 days) X \$ 100.00

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\$ 29.00

Medical: S\$ -

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

Legal Cost S\$ -

Total: S\$ 6444.00 Global Sum S\$ 6400.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$ 400.00

FINAL PAYMENT Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 6400.00

Name 1: Cas Garage Pte Ltd

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

Name 2:

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

Name 3: