

INS. CASE OWNER:

CL3/AG-20004208/R1da3

LKK:

IDAC:

Surveyor:

Rasul

DOI:

19/03/2020

Date / Time :

19/03/2020

Registered in Merimen:

18/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 7645U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 17/03/2020

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

SBJ 1918U

INSRS:
WSP: volkswagen
Tel : centre
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SBJ 1918U - X	Non-Reporting ltr (1st):	
	SMR 7645U - X	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:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 7,766.61	(4 days)	Reduction: 38 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 09/07/2020	Confirm with Meiy	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ 8,310.27			
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 400.00	(\$ 100 x 4 days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		1) Claim status: Normal Project/ Private/ Public
Legal Cost	S\$ -			2) Report Format: TP
				3) Survey fee: \$320
Total:	S\$ 8,717.72	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 8,717.72	Name 1:	VOLKSWAGEN CENTRE SINGAPORE	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		