

INS. CASE OWNER:

CC3 / CT1 2000 4>27 / Fps3

LKK:

IDAC:

Surveyor:

Ram

DOI:

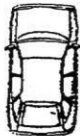
18/3/2020

Date / Time:

18/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 6988S

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 17/3/2020

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. :

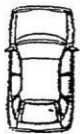
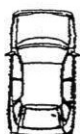
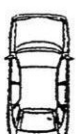
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHD 3637C

INSRS:
WSP: ComfortDelGro
Tel: (Cloyang)
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SHD 3637C : NS/INC19018315/K14f352; DDA: 15/10/19
SKL 6988S : NS/INC20004227/Ey43; DDA: 17/3/2020

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:

10/09/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum S\$ 2,500.00 (3 days) Reduction: 48 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/09/2020 Confirm with Catherine

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 2,675.00

Loss of Rental (LOR): S\$ 338.01 (3 days) x \$112.67

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search S\$ 7.49

Medical: S\$

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

Legal Cost S\$

Total: S\$ 3,170.50

Global Sum S\$: 3,100.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 3,100.00

Name 1: ComfortDelGro Engineering Pte Ltd

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

Name 2:

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

Name 3:

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: \$400