

INS. CASE OWNER:

CC4/AIG20004433/Uha3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

24/03/2020

Date / Time : 24/03/2020

Registered in Merimen: 24/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 1863L

Claim No. : 0310748001SG

Name of Insured : Daniel Fleet Management

Policy No. :

Insured Tel No. : HP:

Make / Model : BMW 318T

Excess Sec II :S\$

D.O.A : 20/03/2020

Place of Accident : ALEXANDRA - OUTSIDE IKEA

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : Lye Yew Kong

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLQ 4229A

INSRS:
WSP: SM SPRAYTel :
Liability :

RMKS:

INSRS:
WSP:Tel :
Liability :

RMKS:

INSRS:
WSP:Tel :
Liability :

RMKS:

INSRS:
WSP:Tel :
Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ 4229A - X	Non-Reporting ltr (1st):	
	SLC 1863L - X	Non-Reporting ltr (2nd):	
	FINALIZED	Non-Reporting ltr (Final):	
	TP LOD IN BY EMAIL	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
1/7/20	Re pph → report	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:	☐
19/4/2020	settled & closed (all doc in views).	PIR:	☒
		Mandate/Reject Instruction:	☒
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Repair Cost: P/P	SS 1,057.20 (3 days) Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 23/10/2020	Confirm with: WENDY	Email ☒ Call ☐	If NO or B 28, Ass. Lia :
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27		
Repair Cost: (w/sgt)	SS 1,987.20				old re-entd tp.
Loss of Rental (LOR):	SS 300.00 (3 days) x \$ 100.00				
Loss of Use (LOU):	SS - (\$ x days)				
Loss of Income (LOI):	SS - (\$ x days)				
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	SS -				1) Claim status: Normal/Reject/Private Settle
Medical:	SS -				2) Report Format: ☒ TP
Disbursement:	SS -				3) Survey fee: \$ 320.00
Legal Cost	SS -				
Total:	SS 2,787.20	Global Sum S\$:	2,200.00	Email ☐ Call ☐	
FINAL PAYMENT		Date/Time:	Confirm with:		
Payee 1:	SS 2,200.00	Name 1:	S M SPRAY PRINTING PTE LTD		
Payee 2: (Strike if N.A.)	SS -	Name 2:			
Payee 3: (Strike if N.A.)	SS -	Name 3:			