

18/05/2018

CC4/AIG18005807/R1pa3s2-1

LKK:

INS. CASE OWNER:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Re-opened Case

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A.:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

21/4
Joy

Car 4308B - 11/6/18 1202948/12/18 - 21/4/18
 - N/A/11/6/18 5889/4 - 10/6/18 24/3/18
 - N/A/11/6/18 5889/4 - 10/6/18 24/3/18
 6X1292B - 01/4/18 1202948/12/18 - 21/4/18
 3VC, OI LAST B 28-1009

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: INS. TO WP

13/07/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L/sum

S\$ 5,200.00

(12 days)

Reduction:

37

%

FINAL SETTLEMENT

Date/Time:

13/07/2020

Confirm with: Kevin

Email:

Call:

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

28

Repair Cost:

S\$ - 5,200.00

Loss of Rental (LOR):

S\$ -

(

days)

Loss of Use (LOU):

S\$ -

720.00

60

(12

days)

Loss of Income (LOI):

S\$ -

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ -

2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$

5,922.00

Global Sum S\$:

5,830.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email:

Call:

Payee 1:

S\$ -

5,830.00

Name 1:

Xinya Auto Services 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/TP

2) Report Format: TP

3) Survey fee:

\$250

\$320.00 - \$250.00 = \$70.00

12/16/19