

15/5/2010

INS. CASE OWNER:

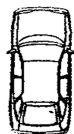
CC4/AIG20010797/Bes3

LKK:

IDAC:

Surveyor: LTG DOI: 07/10/2020Date / Time : 07/10/2020Registered in Merimen: 07/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 8362Y

Name of Insured : NES ENTERPRISES PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :\$S\$ _____ D.O.A : 06/10/2020

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

Claim No. : _____

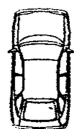
Policy No. : _____

Make / Model : _____

Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**SMC 4484R

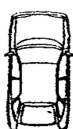
INSRS:

WSP: **TEAM**

Tel : **AUTOPRO**

Liability :

RMKS:



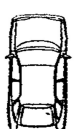
INSRS:

WSP:

Tel :

Liability :

RMKS:



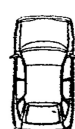
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SMC 4484R : X ; GBF 8362Y : X		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: LTG	
Repair Cost: L/S	\$S\$ 4,200.00	(6 days' Reduction: 58 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 10.12.21	Confirm with ADEL	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ 4,494.00			
Loss of Rental (LOR):	\$S\$ -	(_____ days)		
Loss of Use (LOU):	\$S\$ 420.00	(\$ 60 x 7 days)		
Loss of Income (LOI):	\$S\$ -	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	☐ LOR + LOU ☐	☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search	\$S\$ 7.45			
Medical:	\$S\$ -		1) Claim status: Normal/ Reject / Private Settle	
Disbursement:	\$S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S\$ -		3) Survey fee: \$320	
Total:	\$S\$ 4,921.45	Global Sum S\$: 3,100.00		
FINAL PAYMENT	Date/Time: 10.12.21	Confirm with: ADEL	Email ☐	Call ☐
Payee 1:	\$S\$ 3,100.00	Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		