

INS. CASE OWNER:

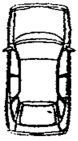
~~CC3/AIG20014010/ba3~~

IDAC:

CC3/AIG20014010/Aea3

Surveyor: ADRIANDOI: 18/12/2020Date / Time : 16/12/2020Registered in Merimen: 16/12/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMJ 2140J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

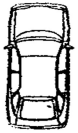
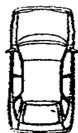
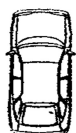
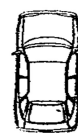
Excess Sec II :S\$ _____ D.O.A : 14/12/2020 20:30Place of Accident : BUGIS JUNCTION CARPARK EXIT GANTRY

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**SKR 9428RINSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKR 9428R - X	SMJ 2140J - 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: <u>LWP</u>	
Repair Cost: <u>P/P</u>	S\$ <u>3,650.16</u>	(<u>3</u> days) Reduction: <u>35</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>30.08.21</u>	Confirm with <u>TONY</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,905.67</u>	OI HIT TP PARKED VEH		
Loss of Rental (LOR):	S\$ <u>300.00</u>	(<u>3</u> days) X \$100		
Loss of Use (LOU):	S\$ <u>-</u>	(\$ <u>x</u> days)		
Loss of Income (LOI):	S\$ <u>-</u>	(\$ <u>x</u> days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ <u>-</u>			
Disbursement:	S\$ <u>-</u>	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Deivote Settle	
Legal Cost	S\$ <u>-</u>	2) Report Format: <u>TP</u>		
Total:	S\$ <u>4,207.67</u>	Global Sum S\$:	3) Survey fee: <u>\$320</u>	
FINAL PAYMENT	Date/Time: <u>30.08.21</u>	Confirm with: <u>TONY</u>	Email ☐	Call ☐
Payee 1:	S\$ <u>4,207.67</u>	Name 1: <u>PREMIUM AUTOMOBILES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		