

CC4/AIG19002481/Grs3q2-1

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SKT 5827M



INSRS:

WSP:

Tel:

Liability:

RMKS:

my car consultants



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/Time                                                                      | STAGE                                                                                | DATE / PIC                             |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------|
| SKT 5827M<br>SKP 4466Z                                                         | 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)                                                     | <input type="checkbox"/>               |
|                                                                                | After call ltr to OI:                                                                | <input type="checkbox"/>               |
|                                                                                | Authorisation To Act:                                                                | <input type="checkbox"/>               |
|                                                                                | Release Voucher:                                                                     | <input type="checkbox"/>               |
|                                                                                | Final Repair Bill:                                                                   | <input type="checkbox"/>               |
|                                                                                | Car Rental Invoice:                                                                  | <input type="checkbox"/>               |
|                                                                                | Towing Invoice                                                                       | <input type="checkbox"/>               |
|                                                                                | LTA / GIA :                                                                          | <input type="checkbox"/>               |
| Medical Bill:                                                                  | <input type="checkbox"/>                                                             |                                        |
| PIR:                                                                           | <input type="checkbox"/>                                                             |                                        |
| Mandate/Reject Instruction:                                                    | <input type="checkbox"/>                                                             |                                        |
| LOD                                                                            | <input type="checkbox"/>                                                             |                                        |
| Payment Breakdown Form:                                                        | <input type="checkbox"/>                                                             |                                        |
| PRELIMINARY ADVICE                                                             | Date/Time:                                                                           | Sent By:                               |
| FINALIZATION                                                                   | Date/Time:                                                                           | Confirm with:                          |
| Repair Cost: L/SUM                                                             | \$S 3,350.00                                                                         | ( 5 days) Reduction: 67 %              |
| FINAL SETTLEMENT                                                               | Date/Time: 03/11/2021                                                                | Confirm with: HUIQIN                   |
| Final Liability:                                                               | % 100                                                                                | (Agreed / Assessed) BOLA S/N No. : NIL |
| Repair Cost:                                                                   | \$S 3,350.00                                                                         |                                        |
| Loss of Rental (LOR):                                                          | \$S ( days)                                                                          |                                        |
| Loss of Use (LOU):                                                             | \$S 420.00 (\$ 60 x 7 days)                                                          |                                        |
| Loss of Income (LOI):                                                          | \$S (S x days)                                                                       |                                        |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                        |
| GIA/LTA Search                                                                 | \$S 7.45                                                                             |                                        |
| Medical:                                                                       | \$S                                                                                  |                                        |
| Disbursement:                                                                  | \$S (e.g. Tow/ Independent )                                                         |                                        |
| Legal Cost                                                                     | \$S                                                                                  |                                        |
| Total:                                                                         | \$S 3,777.45                                                                         | Global Sum \$S:                        |
| FINAL PAYMENT                                                                  | Date/Time:                                                                           | Confirm with:                          |
| Payee 1:                                                                       | \$S 3,777.45                                                                         | Name 1: My Car Consultant 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: 320.00 -290=\$30.00

