

INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIAN

DOI: _____

Date / Time : 15.02.2021Registered in Merimen: 15.02.2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLT 6290S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 10/02/2021 17.45Place of Accident : Whitley Rd, Singapore

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

SLIP RD OF WHITLEY RD TWDS DUNEARN RD

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

SLQ 2381EINSRS:
WSP: CN MOTORS
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ2381E CC6/CTI21000176/Ara3 ; 31/12/2020	Non-Reporting ltr (1st):	
	SLT 6290S - X	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:	☐ ☐
<u>19/05/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	Towing Invoice	☐ ☐
		LTA / GIA :	☒ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: <u>L/S</u> S\$ <u>2,800.00</u> (<u>5</u> days) Reduction: <u>84.41</u> %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: <u>18/05/2021</u> Confirm with <u>SUKYI</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ <u>2,996.00</u>			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ <u>500.00</u> (\$ <u>100</u> x <u>5</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total: S\$ <u>3,498.00</u> Global Sum S\$: <u>3,490.00</u>			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1: S\$ <u>3,490.00</u> Name 1: <u>Cn Motors Pte Ltd</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			