

15/5/2010

INS. CASE OWNER:

LOH Cynthia

CC4/ASM21006706/pas

LKK:

IDAC:

216191

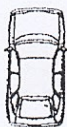
Surveyor:

DOI:

Date / Time : 15/06/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 3815K

Claim No. : S1M03BAE

Name of Insured : UBTS PTE LTD

Policy No. : P2070742

Insured Tel No. : HP:

Make / Model : Scania P440LA4X2HSZ

Excess Sec II :S\$

D.O.A : 04/06/2021 16:15

Place of Accident : PIONEER ROAD ROUNDABOUT

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : QI JI

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

Driver Tel No. :

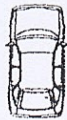
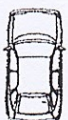
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GBD 4405U

INSRS:
WSP: GUAN HIN
Tel: MOTOR
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	GBD 4405U - NA/AIG17001467/h4 ; 21.01.2017	
	XE 3815K - X	
	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:

Repair Cost: 115

S\$ 3100.00

(05 days)

Reduction: 43

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: