

15/5/2010

INS. CASE OWNER:

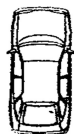
CC6/CTI21007555/Kes3

LKK:

IDAC:

INSURANCE POLICY NO. : **CC6/CTI21007555/Kes3**Surveyor: **Kenneth**DOI: **13/07/2021**Date / Time : **12/07/2021**Registered in Merimen: **—**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJN 2602H**

Claim No. : _____

Name of Insured : **KOE TAI SENG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

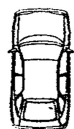
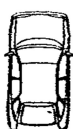
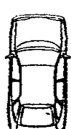
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/07/2021**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SLA 4654P**INSRS:
WSP: **LIM TAN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLA 4654P : X	Non-Reporting ltr (1st):	
SJN 2602H : CS/CTI21007581/Atc ; DOA : 12/07/2021	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: KSC		
Repair Cost: L/S S\$ 4,050.00 (5 days' Reduction: 35 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 29.10.21 Confirm with MANDY	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,333.50	OI REVERSED AND HIT TP STATIONARY VEHICLE	
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 250.00 (\$ 50 x 5 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: \$400	
Total: S\$ 4,590.95 Global Sum S\$: 4,590.00		
FINAL PAYMENT Date/Time: 29.10.21 Confirm with: MANDY	Email ☐ Call ☐	
Payee 1: S\$ 4,590.00 Name 1: LIM TAN MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		