

15/5/2010

INS. CASE OWNER:

CC3/AIG19004939/Jes3q2-1

LKK:

IDAC:

Surveyor:

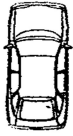
OHJ

DOI: 18/03/2019

Date / Time : 19/03/2019

Registered in Merimen: 19/03/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 6202B

Claim No. : _____

Name of Insured : 123 LEASING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/11/2018

Place of Accident : _____

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

If NO, Driver Name / Age :

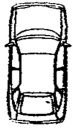
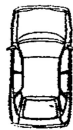
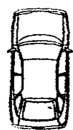
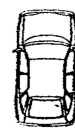
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMB 1443J

INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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: OHJ			
Repair Cost:	P/P S\$ 1,238.00	(2 days' Reduction: 36 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 03.08.21 Confirm with PATRICK Email ☐ Call ☐			
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	\$1,238.00 S\$ 619.00		
Loss of Rental (LOR):	- S\$ -	(_____ days)	
Loss of Use (LOU):	\$500 S\$ 250	(\$ 250 x 2 days)	
Loss of Income (LOI):	- S\$ -	(\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐	[Tick only one]		
GIA/LTA Search	\$7.00 S\$ 7.00		
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: AC1909247
Total:	\$1,745.00 S\$ 876.00	Global Sum S\$: 880.00	
FINAL PAYMENT Date/Time: 03.08.21 Confirm with: PATRICK Email ☐ Call ☐			
Payee 1:	S\$ 880.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	