

15/5/2010

INS. CASE OWNER:

CC4/AIG21009725/Ues3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

16/09/2021

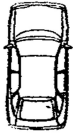
Date / Time :

16/09/2021

Registered in Merimen:

16/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 9495L

Claim No. : _____

Name of Insured : MOVA AUTOMOTIVE PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/09/2021

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 NO

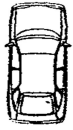
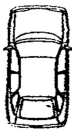
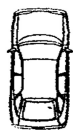
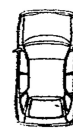
Driver Tel No. :

(V/L ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

FBH 3583Z

INSRS:
WSP: EROFIA MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
FBH 3583Z : X	Non-Reporting ltr (1st):	
SLH 9495L : CS/CT118015772/T1sd3e2 ; DOA : 22/08/2018	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: CKS	
Repair Cost: L/S S\$ 2,700.00 (4 days' Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 15.11.21 Confirm with LEE LEE	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9d	If NO or B 28, Ass. Lia : OID MAKE A RIGHT TURN INTO MAIN ROAD HIT TP	
Repair Cost: S\$ 2,700.00		
Loss of Rental (LOR): S\$ - (- days)		
Loss of Use (LOU): S\$ 120.00 (\$ 20 x 6 days)		
Loss of Income (LOI): S\$ - (\$ - x - days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search S\$ -		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$320	
Total: S\$ 2,820.00 Global Sum S\$:		
FINAL PAYMENT Date/Time: 15.11.21 Confirm with: LEE LEE	Email ☐ Call ☐	
Payee 1: S\$ 2,820.00 Name 1: EROFIA MOTOR TRADING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		