

15/5/2010

INS. CASE OWNER:

Nashville

CC 4/III170

2137, Kwa352

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

20/11/17

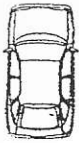
Date / Time:

20/11/17

Registered in Merimen:

21/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 9564M

Name of Insured:

CPL

Insured Tel No.:

HP:

Claim No.:

m com 001

Policy No.:

Make / Model:

H-140

Excess Sec II :SS

D.O.A: 11-11-17

Place of Accident:

BKE > CHICKPOINT

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

ABDUL HANI BIN ABDUL RAHMAN

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

Driver Tel No.:

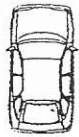
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLJ 8531L



INSRS:

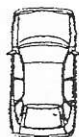
WSP:

Tel:

Liability:

RMKS:

PH Anti



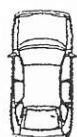
INSRS:

WSP:

Tel:

Liability:

RMKS:



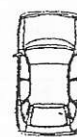
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

28/11

VIVIAN

28/11/17 - call to 1700 8899 / 11/17 ; DOA: 11/11/17
 - NA (PND) 1700 6804/17 ; DOA: 21/11/17
 28/11/17 - call to 1700 8899 / 11/17 ; DOA: 21/11/17
 - call to 1700 5266 / 11/17 ; DOA: 21/11/17

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:

28/11/17

Seek liability na merimen

28/11/17

Receive video from III, email to III to reject claim.

30/11/17

Email from III reject claim.

email to workshop reject claim. TP exiting from Slip Rd should give way to O2 travel straight.

RECEIVED 30 NOV 2017

Reject Case

By (staff) : Vivian

Sent By: OI

30/11/2017

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

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 ☐

[Pick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

COPY SENT 31/11/17

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

reject \$250.00