

15/5/2010

INS. CASE OWNER:

GBOURCE

CC 3 /AIG1702 3201 / Rikhsa

LKK:

IDAC:

Surveyor:

RASUL

DOI:

05/01/18

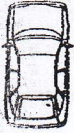
Date / Time :

6/12/18

Registered in Merimen:

6/12/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEH 77195

Name of Insured :

FARAN SOOD

Insured Tel No. :

HP:

91871589

Excess Sec II :\$\$

D.O.A :

06/12/18

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

FARMAN

Driver Tel No. :

(V/L: YES/NO)

Claim No. :

917029829454

Policy No. :

700476009

Make / Model :

NISSAN

Place of Accident :

LOWER DELTA SUP RD

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

Insured Liability :

%

Final ? Yes / No

SLK 7657J



INSRS:

WSP:

Tel :

Liability :

RMKS:

performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/Time |                 | STAGE                             | DATE / PIC                                                   |
|-----------|-----------------|-----------------------------------|--------------------------------------------------------------|
| 8/12/18   | 06/12/18 3:27PM | Non-Reporting ltr (1st):          |                                                              |
|           |                 | Non-Reporting ltr (2nd):          |                                                              |
|           |                 | Non-Reporting ltr (Final):        |                                                              |
|           |                 | Notification ltr (if non-pickup): |                                                              |
|           |                 | Call OI:                          | 06/12/18 - vic                                               |
|           |                 | After call ltr to OI:             |                                                              |
|           |                 | Documentation Check List:         | Handler Typist                                               |
|           |                 | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | After call ltr to OI:             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Authorisation To Act:             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Release Voucher:                  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Final Repair Bill:                | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | LTA / GIA:                        | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Medical Bill:                     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | LOD                               | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|           |                 | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>            |
|           |                 | Others:                           | <input type="checkbox"/> <input type="checkbox"/>            |

|                                                                                |                                                                                       |                                     |                                                                         |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|
| PRELIMINARY ADVICE                                                             | Date/Time:                                                                            | Sent By:                            | Confirm by:                                                             |
| FINALIZATION                                                                   | Date/Time:                                                                            | Confirm with:                       | Confirm by:                                                             |
| Repair Cost:                                                                   | \$18,098.65 (8 days)                                                                  | Reduction: 19 %                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                               | Date/Time: 02/09/18                                                                   | Confirm with: CAROLINE              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. :                                              | 27                                  | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: (w/ GST)                                                          | \$19,265.56                                                                           |                                     | (OI RENEWED TP)                                                         |
| Loss of Rental (LOR):                                                          | \$ ( days)                                                                            |                                     |                                                                         |
| Loss of Use (LOU):                                                             | \$720.00 x 9 days                                                                     |                                     |                                                                         |
| Loss of Income (LOI):                                                          | \$ ( \$ x days)                                                                       |                                     |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                     |                                                                         |
| GIA/LTA Search                                                                 | \$2.00                                                                                |                                     |                                                                         |
| Medical:                                                                       | \$36.00                                                                               |                                     |                                                                         |
| Disbursement:                                                                  | \$ (e.g. Tow/ Independent)                                                            |                                     |                                                                         |
| Legal Cost                                                                     | \$                                                                                    |                                     |                                                                         |
| Total:                                                                         | \$20,123.56                                                                           | Global Sum \$:                      |                                                                         |
| FINAL PAYMENT                                                                  | Date/Time:                                                                            | Confirm with:                       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | \$20,087.56                                                                           | Name 1: PERFORMANCE MOTORS LIMITED  |                                                                         |
| Payee 2: (Strike if N.A.)                                                      | \$36.00                                                                               | Name 2: PEH CHEE BENG (PHI ZHIMING) |                                                                         |
| Payee 3: (Strike if N.A.)                                                      | \$                                                                                    | Name 3:                             |                                                                         |