

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1702

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :\$\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L/YES/NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

MB
solution

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

14/1/18
VICSKB 59372 - W/L/ATM/437/16/18
SKJ 9127B - X

-REQ. TP CCTV

-PINALUO.

-GMAIL UNKONFIRMED UNCLER.

-TYPE REPORT MUST.

-KOTOUT DONE.

-TP CON IN. V DRIVE/VIC/ SKB 59372

-TP LOW IN RE GMAIL 19 JAN 2018

-SEND GMAIL TO ORI UNKONFIRMED APPROVAL

-ORI APPROVED MANDATE.

-SEND 1ST OFFER TO TP.

-TP ACCEPTED OFFER.

-RECEIVED ORIG. DOCS.

-ALL IN ORDER.

-TO CLOSE.

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:

24/02/18 - OK

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:

16/01/18

Sent By:

VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LIS

SS

3,600.00

(4 days)

Reduction:

60 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

16/01/18

Confirm with:

SU

WONG

Email ☒ Call ☐

Total Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

(w/650)

SS

3,905.50

Loss of Rental (LOR):

SS

-

(days)

Loss of Use (LOU):

SS

3,600.00 (\$ 60 x 6 days)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

5.35

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/Independent)

Legal Cost

SS

-

Total:

SS

4,270.00

Global Sum \$:

4,270.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS

4,270.00

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-