

15/5/2010

INS. CASE OWNER:

PKMYA

CC 6 / III 1800

0967, Khb3

LKK:

IDAC:

Surveyor:

Fanneth

DOI:

15/1/18

Date / Time:

15/1/18

Registered in Merimen:

16/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 4765J

Name of Insured:

CTBL

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

09/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: UM 4001 BENG LOUIS

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MCT 18010722

Policy No.:

MUM00045

Make / Model:

HYUNDAI

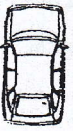
Place of Accident:

PUNABO FIELD SUPRO TO
PUNABO RD IMPSTP

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

Insured Liability: % Final ? Yes / No

STG 1177A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Alan's



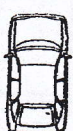
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
15/1/18	SHD 4765J - 14/1/18 09:50/10:10/10:15	Non-Reporting ltr (1st):	
15/1/18	STG 1177A - 14/1/18 10:15/10:30/10:35	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	YUC
		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:

Repair Cost:

P/P

S\$

2,761.24

(

A

days)

Reduction:

6

%

Email

Call

FINAL SETTLEMENT

Date/Time:

22/02/18

Confirm with:

KENNY

Email

Call

Final Liability:

%

100

(

Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

(w/ass)

S\$

2,954.53

C-TP COTU - OIP ENCKROCHAB

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

100.00

(\$

80

x

5

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ LOU only ☒

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$350.00

Total:

S\$

3,354.53

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,354.53

Name 1:

ALAN'S UNITED AUTO PRE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-