

Date / Time :

Registered in Merimen:

Claim No.

Policy No.

Make / Model :

Place of Accident :

Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

Final ? Yes / No

SKP 2458f



INSRS:
WSP:
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
6/2/18 vic	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
13/02/18	Documentation Check List: Handler Typist	
© 4:50PM © 5:25PM	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:	
07/06/18	Post-Repair Photos: Others:	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	SS 2,041.00 (3 days)	Reduction: 18 %
FINAL SETTLEMENT	Date/Time: 07/06/18	Confirm with: CAROLINE
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL
Repair Cost: (w/cash)	SS 3,039.87	
Loss of Rental (LOR):	SS - (days)	
Loss of Use (LOU):	SS 150.00 x 3 days	
Loss of Income (LOI):	SS - (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	SS 2.00	
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/ Independent)	
Legal Cost	SS -	
Total:	SS 3,191.87	Global Sum SS: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 3,041.87	Name 1: PERFORMANCE MOTORS LTD
Payee 2: (Strike if N.A.)	SS 150.00	Name 2: CHOONG LAI HENG
Payee 3: (Strike if N.A.)	SS -	Name 3: -