

15/5/2010

INS CASE OWNER: *Natalie*

CC 4 / III1800

3400

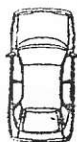
A was 3

LKK:

IDAC:

Surveyor: *AMMAN*DOI: *22/02/18*Date / Time: *21/02/18*Registered in Merimen: *22/02/18*

Pre-assign / CCU / FT:



Insured Vehicle No.:

SHA 2624H

Name of Insured:

Chen

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A:

24/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ng Wee Hong

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

M4180 20507

Policy No.:

mcom0015

Make / Model:

H-140

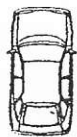
Place of Accident:

Buanglor Green > Pdk Road

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

Insured Liability: %

Final ? Yes / No

Sjx 4203k

INSRS:

WSP:

Tel:

Liability:

RMKS:

superstars

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
<i>19/3</i>	<i>Sjx 4203k, X; SHA 2624H, X</i>	Non-Reporting ltr (1st):	
<i>19/3</i>	<i>liability clear via merimen</i>	Non-Reporting ltr (2nd):	
<i>21/3/18</i>	<i>File pass to typist type report</i>	Non-Reporting ltr (Final):	
<i>23/3/18</i>	<i>Seek Mandate via merimen</i>	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:	☐ ☐

RECEIVED 19 MAR 2018

RECEIVED 09 APR 2018

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	\$S	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time: <i>4/4/18</i>	Confirm with: <i>Gwen</i>
Final Liability:	% <i>100</i>	(Agreed / Assessed)	BOLA S/N No. : <i>28</i>
Repair Cost:	\$S <i>8600.00</i>		
Loss of Rental (LOR):	\$S <i>-</i>	(days)	
Loss of Use (LOU):	\$S <i>1100.00</i>	(\$ <i>100</i> x <i>11</i> days)	
Loss of Income (LOI):	\$S <i>-</i>	(\$ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	\$S <i>7.45</i>		
Medical:	\$S <i>-</i>		
Disbursement:	\$S <i>-</i>	(e.g. Tow/ Independent)	
Legal Cost	\$S <i>-</i>		
Total:	\$S <i>9707.45</i>	Global Sum SS: <i>9700.00</i>	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S <i>9700.00</i>	Name 1:	<i>Super colors Pte Ltd</i>
Payee 2: (Strike if N.A.)	\$S <i>-</i>	Name 2:	
Payee 3: (Strike if N.A.)	\$S <i>-</i>	Name 3:	

If NO or B 28, Ass. Lia: *100%**020 involved in 3.c*
020 is the last ven

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: