

INS. CASE OWNER:

PRIVA

CC 4 / III 1800 5735, Uha3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

12/04/8

Date / Time:

28/3/2008

Registered in Merimen:

17/4/8

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 3935 H

Claim No. :

MCT 18030905

Name of Insured :

CTEL

Policy No. :

MUMONT

Insured Tel No. :

HP:

Make / Model :

M-BENZ E20

Excess Sec II :SS

D.O.A :

2/03/8

Place of Accident :

Neil Rd

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Seow Phoi Tak

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

YES / NO ; YES / NO

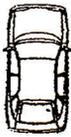
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKN 70014



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chans major.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
12/4/8	SKN 70014 - X SHA 3935H - CS / M1001864 / RPT: 01/03/08	
21/04/08	FILE RECORDED. OIP REPORTED. NO ACCIDENT. EMAIL TO TP TO GET EVIDENCE. VIDEO & PHOTOS IN MARCUS FOLDER	
07/05/08	FORWARDED TP VIDEO & PHOTOS TO II. BOOK WARRIORS.	
01/11/08	III IN VIEW NO COLLISION ON PHOTOGRAPH VIDEO. EMAIL TO TP TO CHECK IF OWNER STILL PURSUE CLAIM	
21/05/08	WAS INFORMED TO SUBMIT WP REPORT AS NO REPAIR DONE TO TP VEHICLE. EMAIL TO II TO CLOSE OFF CASE & SUBMIT WP REPORT.	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	SS -				
Loss of Rental (LOR):	SS -	(days)			
Loss of Use (LOU):	SS -	(\$ x days)			
Loss of Income (LOI):	SS -	(\$ x days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS -				
Medical:	SS -				
Disbursement:	SS -	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	SS -		2) Report Format: WP REPORT		
			3) Survey fee: \$ 250.00		
Total:	SS	Global Sum SS:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	SS -	Name 1:			
Payee 2: (Strike if N.A.)	SS -	Name 2:			
Payee 3: (Strike if N.A.)	SS -	Name 3:			

WP REPORT
NO SETTLEMENT
NO REPAIR TO TP VEHICLE
BY REPAIROR