

INS. CASE OWNER:

CC 4 / ASM1800

6180

Uha352

LKK:

IDAC:

37707

Survey:

MARCUS

DOI:

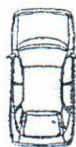
4/4/18

Date / Time:

2/4/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLV 7964P

Name of Insured:

Fauzan Binte Gumar

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

3/13/18

Claim No.:

58M 0001A

Policy No.:

VAT / GAST 2432

Make / Model:

7 msh

Place of Accident:

PTE 7 Jany

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age

Putri Dikne Kte Mohd Rafie

Driver Tel No.:

97706395

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SKS 8182U

SLV 7964P

SLD 4551 L

SLX 1032H



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

4/4/18

SLD 4551 L - CS3/SMO 1800 6049 / msh 3 ; DOA: 3/13/18

SLV 7964P - X

RECEIVED 21 MAY 2018

- video footage uploaded in SMART.

[1A check \$9,703.55, \$7,952.48]
revised check

- PINKUARD

10/4/18

7/5/2018
5.30pm

pinkin

Spoke to OJD at 9770 6395, she confirmed involved in 4 vehicle chain collision and was the 3rd vehicle and was pushed forward from behind vehicle. Informed her about TP claim and MCF, she agreed to settle and aware HCD issue. send letter to OJ.

16/08/18
16/08/18

- TP LOD IN BY GUMIL.

- TYPE REPORT FOR WARRANTE APPROVAL

- REPORT DONE.

PRELIMINARY ADVICE

Date/Time:

18/4

Sent By:

Jhu

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

7/5/2018

Jig-ore
11/05

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$

10,500.00

(

9

days)

Reduction:

62

%

Email

Call

FINAL SETTLEMENT

Date/Time:

01/08/18

Confirm with

ELIN

CAI

Email

Call

Final Liability:

%

100

(

Agreed

/

Assessed)

BOLA S/N No.:

20

If NO or B 28, Ass. Lia:

09.

Repair Cost:

S\$

10,500.00

CA UHA - C.C., 010 320

Loss of Rental (LOR):

S\$

1,100.00

(

11

days)

x 100.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☒ LOU only ☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$

11,607.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

11,607.45

Name 1:

ZOOM AUTOWORKS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

u/h)

