

INS. CASE OWNER:

CC

6 / ALG 1800 6411 / Uha3

LKK:

IDAC:

Surveyor:

Marens

DOI:

6/4/18

Date / Time:

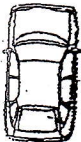
6/4/18

Registered in Merimen:

6/4/18

Pre-assign / CCU / FTE

GBT 5972G



Insured Vehicle No.:

Name of Insured:

A DEU construction PLC

Insured Tel No.:

HP:

D.O.A:

3/4/18

Excess Sec II : \$S

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

PAN MEXUNG

8173381

(V/L: YES / NO)

Claim No.:

Policy No.:

2100497020

Make / Model:

7. DYMA

Place of Accident:

Sims Ave

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

Insured Liability:

%

Final ? Yes / No



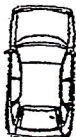
INSRS:

WSP:

Tel:

Liability:

RMKS:

Chinmy
8173381

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

10/4/18

10/4/18

10/4/18

25/4/18

19/10/18

19/10/18

19/10/18

19/10/18

19/10/18

19/10/18

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19/10/18

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19/10/18

19/10/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S 4,600.00

(1 days)

Reduction:

51

%

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

Repair Cost:

\$S 4,600.00

Loss of Rental (LOR):

\$S 500.00

(5 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

Medical:

\$S

Disbursement:

\$S

Legal Cost

\$S

Total:

\$S 5,100.00

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S 5,100.00

Name 1:

CHIN HONG MOTORS

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3: