

INS. CASE OWNER:

Lalitha

CC 4/III1800

9062, 4 h039

LKK:

IDAC:

Surveyor:

mappus

DOI:

18/5/18

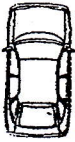
Date / Time:

18/5/18

Registered in Merimen:

18/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

WB 9526H

Claim No. :

MC2018/2429

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/12/17

Place of Accident :

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

RU 5942 A



INSRS:

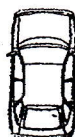
WSP:

Tel :

Liability :

RMKS:

Lin Brothers



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

7/8
mc

RU 5942 - X; WB 9526H - X

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:

07/08/18

10/08/18

10/08/18

20/08/18

21/08/18

01/09/18

10/10/18

Please refer to investigation report attached.

PINKISHED.

ORIGINAL TP LOD IN.

PUE EQUIPMENT TP REPORTED ON REPAIR-BAND

TP. SEEK UTILITY WARRANTE TO III.

II REJECTED BLS.

THE REPORT FOR WARRANTE APPROVAL

REPORT DONE

SEEK WARRANTE APPROVAL TO III BY WORKMAN

II APPROVED WARRANTE

SEND 1ST OFFER TO TP.

RECEIVED ORIG. PU 4 ACH.

TP ACCEPTED OFFER. ALL BOOS IN ORDER.

TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

S\$ 5,000.00

(5

days)

Reduction: 54

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

24

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 5,000.00

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

700.00

(\$100

x

7

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.15

Medical:

S\$

-

Disbursement:

S\$

128.40

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4500.00

Total:

S\$ 5,835.95

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,835.95

Name 1:

LUG BROTHER AUTO ENGINEERING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: