

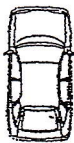
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

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

SLK 7002 G



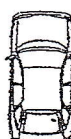
INSRS:

WSP:

Tel:

Liability:

RMKS:

Kam motor
KX.
Meriden

INSRS:

WSP:

Tel:

Liability:

RMKS:



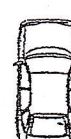
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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PRELIMINARY ADVICE Date/Time: 08/06/18 Sent By: 23
08/06/18 - BY IN. MU DOCS IN ORDER. TO CLOSE.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S\$ 2,328.49 (3 days) Reduction: 46 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/06/18 Confirm with: DEMONDO Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia:

Repair Cost: (W/160) S\$ 2,491.49 COI (KATZ - ENOBB TP)

Loss of Rental (LOR) (W/160) S\$ 428.00 (4 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\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 2,919.49 Global Sum S\$: -

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: S\$ 2,919.49 Name 1: KAH MOTOR CO. SDN. BHD.

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -