

U.S. CASE OWNER

CC 6 / MG 180

10394, Aha3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

5/6/18

Date / Time:

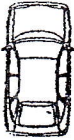
16/18

Registered in Merimen:

8/6/18

Pre-assign / CCU / FTE

SLZ 6844M



Insured Vehicle No.:

Name of Insured:

KONG KOK CHEE

Insured Tel No.:

HP:

97455659

Excess Sec II :SS

D.O.A.:

5/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

K000 52828

Make / Model:

Andi A4

Place of Accident:

Entrance of KPE from TPE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

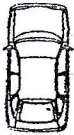
%

Final ? Yes / No

SJX 896E

SLZ 6844M

SJX 1034B



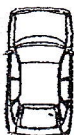
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Long Motor
TP

Date/ Time		STAGE	DATE / PIC
12/6		Non-Reporting ltr (1st):	
12/6		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	29/06/18-UC
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
29/06/18 03:35PM	SPOKES TO OI. HE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 3 VEH. C-C. & WAS THE 2ND CAR. INFORMED TP CLAIM & WSP, AGREED TO SETTLE & ACCEPT NCD 100%. SEND LETTER & EMAIL TO OI.	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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L16	SS\$ 4,900.00	(7 days) Reduction: 13 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25/07/18	Confirm with: 12 WONG	Email ☐ Call ☐ FAX	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:	0%
Repair Cost:	SS\$ 4,900.00		(3 VEH. C.C.; OI 2ND)	
Loss of Rental (LOR):	SS\$ -	(days)		
Loss of Use (LOU):	SS\$ 120.00	(\$ 60 x 7 days)		
Loss of Income (LOI):	SS\$ -	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐		[Tick only one]		
GIA/LTA Search	SS\$ 7.45			
Medical:	SS\$ -			
Disbursement:	SS\$ -	(e.g. Tow/ Independent)		
Legal Cost	SS\$ -			
Total:	SS\$ 5,327.45	Global Sum SS\$ 5,320.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	SS\$ 5,320.00	Name 1: LONG AUTOMOTIVE		
Payee 2: (Strike if N.A.)	SS\$ -	Name 2:		
Payee 3: (Strike if N.A.)	SS\$ -	Name 3:		