

INS. CASE OWNER:

R. Ang.

CC 4, ASM 150

10497, Agka3

LKK:

50259

IDAC:

Surveyor:

WMP

DOI:

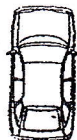
11-6-18

Date / Time:

6/6/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKM 72514

Name of Insured:

Lee Lai Lai Amy

Insured Tel No.:

HP:

98609357

Excess Sec II :SS

D.O.A.:

4/6/18

Claim No.:

88M00J12

Policy No.:

GA127406/1

Make / Model:

M-BENT C200

Place of Accident:

PE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

680 5969C

(V/L: YES / NO)

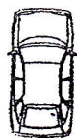
SKM 72514

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

Insured Liability:

%

Final ? Yes / No



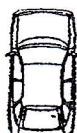
INSRS:

WSP:

Tel:

Liability:

RMKS:



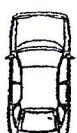
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
17/1/18	683692M	Non-Reporting ltr (1st):	
17/1/18	SKM 72514	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	10/10/18 - vic
		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:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	SS	2850.00	(4 days) Reduction: 2806.12 % 50.	Email	Call
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email	Call
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Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	28	If NO or B 28, Ass. Lia:	0%.
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Repair Cost:	SS				(3 VEH. C.C. ; OI 2ND ONE)
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Loss of Rental (LOR):	SS	(days)		
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Loss of Use (LOU):	SS	(\$ x days)		
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Loss of Income (LOI):	SS	(\$ x days)		
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LOR only	LOU only	LOR + LOU	LOR + LOI	[Tick only one]
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GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		
Legal Cost	SS			
Total:	SS	Global Sum SS:		

FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
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Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		