

INS. CASE OWNER:

Sathya

CC 4/ AG 180

12452

Kha3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

10-7-18

Date / Time:

9/7/18

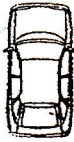
Registered in Merimen:

9/7/18

Pre-assign / CCU / FTE

GGB 5134E

08 2681358986



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$S

D.O.A:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

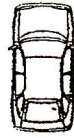
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SJH 29B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Autoworx House



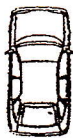
INSRS:

WSP:

Tel:

Liability:

RMKS:



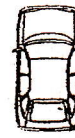
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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:

Date / Time

SJH 29B - X: GGB 5134E - X

OIRP. sent out 1st letter

10/9/18

Confirm accident details. inform TP claim. return and out

- MINUSSED

- TP LOD IN BY EMAIL

11/07/19

- SEND ACCEPTANCE EMAIL TO TP.
- ALL POCs IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

\$S 2,250.00

(4 days)

Reduction:

78 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 2,250.00

Loss of Rental (LOR) (W/LR)

\$S 304.95 (3 days) x \$95.00

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

2.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

\$S 2,556.95

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S 2,556.95

Name 1:

AUTOWORX HOUSE

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-