

INS. CASE OWNER:

CC3 / CTI 180

12581, Vha3

LKK:

IDAC:

Surveyor:

Sathya

DOI:

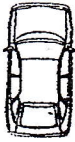
9/7/2018

Date / Time:

9/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 7005K

Name of Insured:

Nam Ho mc plc

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

1/1/2018

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

Claim No.:

SNM 180 0343402

Policy No.:

Make / Model:

Place of Accident:

orchard Hotel lobby.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

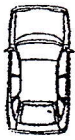
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 5518K



INRS:

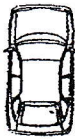
WSP:

Tel:

Liability:

RMKS:

SMT. W



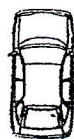
INRS:

WSP:

Tel:

Liability:

RMKS:



INRS:

WSP:

Tel:

Liability:

RMKS:



INRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/7
1/10

SHB 5518K. 03/10/17 03659 / PLVBM2 : DSA: 1/1/18
 NG/IN/1800 299 / Svbet : DSA: 2/1/18
 PC 7005K. X

19/7/18 OIRP. cant out let letter.
 - PINKUDED.
 - ORIGINAL TP LOB IN.

28/11/18

- TP INFORMED OI ATTEND U PHU
 PROBABLY TO THEM AS PER LOB.
 - EMAIL TO OI TO SUBMIT WP REPORT.
 - TO CLOSE. NO SETTLEMENT.

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:

PRELIMINARY ADVICE Date/Time:

11/7

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

440.00

(2 days)

Reduction:

53

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

—

Loss of Rental (LOR):

S\$

—

(days)

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\$

—

Legal Cost

S\$

—

Total:

S\$

—

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

—

Name 1:

—

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

—

NO SETTLEMENT
 OI ATTEND PROBABLY
 WHEN TP

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$250.00