

15/5/2010

INS. CASE OWNER

Soyce

CC 4/ABE 180 13029, 6/3/32

LKK:

IDAC:

Surveyor:

Xha

DOI:

18/7/18

Date / Time:

18/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLR 35694

Name of Insured:

TAN SIANG KEE

Insured Tel No.:

HP:

Claim No.:

VCO11671

Policy No.:

8-V0016324-MVA

Make / Model:

HONDA CIVIC

Place of Accident:

PIE 7 TNAS

Excess Sec II :\$

D.O.A.:

16/7/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VL: YES / NO)

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

Insured Liability:

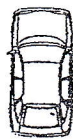
%

Final ? Yes / No

SLR 35694

SJH 4727

SLG 75680



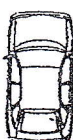
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

23/7

CPC

SJH 4727
SLR 35694

NA/ACC 18019491/13; DPA: 16/7/18

Total loss, we recommend to repair, Xha

30/7/2018

No body - pickup, OI call back. Confirmed involved 3 car chain collision and he is the last vehicle. Informed him about TP and HCD issue and ask for repair cost told him TP vehicle total loss, and OI intend to do private settlement, told OI we will update him when we received letter of demand. Send letter to OI.

20/08/19

- TP LOD IN BY EMAIL

- OI APPROVED WARRANT

- SEND 1ST OFFER TO TP.

- TP ACCEPTED OFFER.

- ~~REJECT~~ TP. AS BEEN IN OFFER.

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 30/7/2018

After call ltr to OI: 7/8/2018

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: TOTAL LOSS

\$800.00

(days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

RACHOL

Email ☒ Call ☐

Final Liability:

%

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

28

If NO or B 28, Ass. Lia:

100%

Repair Cost: TOTAL LOSS

\$800.00

Loss of Rental (LOR):

\$

(days)

Loss of Use (LOU):

\$

x 10 days

Loss of Income (LOI):

\$

x days

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement: TOWING

\$

(e.g. Tow/ Independent)

Legal Cost

\$

Total:

\$

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$

Name 1:

TORANG 5 PPS LTD

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$300.00

NO DV. TP REPAIRER CLOSE.

SUBMIT WP REPORT