

INS. CASE OWNER:

SUNDAREI

CC 4 / III180

14401, u ha3 9

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

15/08/18

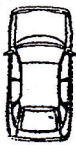
Date / Time:

6/8/2018

Registered in Merimen:

8/8/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 1204L

Name of Insured:

C7PL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

21/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAM KONV4 MUN

Driver Tel No.:

92233923 (V/L: YES / NO)

Claim No.:

MOT18080043

Policy No.:

MCOM001

Make / Model:

H. Sonata

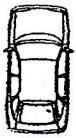
Place of Accident:

Tampines Ave 4

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

Insured Liability: % Final ? Yes / No

SKV 9141X



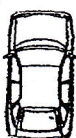
INSRS:

WSP:

Tel:

Liability:

RMKS:

Kah motor
vhi

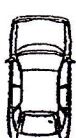
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

14/8

nc

SKV 9141X - x;

SHC 1204L - M1 M5110012458/11; M1; 518/10

15/08/18

- M18 RECEIVED. OLD KAH-ENDED TP.

- COOK UTILITY WARRANTS.

- 11 KAH-ENDED b/g

- PINKUDED.

20/08/18

- BUILT CREDIT CLEAR

- TP LOP IN BY EMAIL

24/08/18

- TYPE REPORT FOR WARRANTS APPROVAL

- REPORT DONE

30/08/18

- SEND WARRANTS TO M1 BY WORKMAN.

- M1 APPROVED WARRANTS.

04/09/18

07/09/18

- SEND ACCEPTANCE BUILT TO TP.

- ORIG. TP IN. ALL DONE IN ORDER.

- TO CLOSE.

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 2,052.77

(3 days)

Reduction:

42 %

Email

Call

FINAL SETTLEMENT

Date/Time:

04/09/18

Confirm with:

EUNLIN

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 2,196.46

COLO KAH-ENDED TP

Loss of Rental (LOR) (W/L)

S\$ 321.00

(3 days)

x \$100.00

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\$

7.45

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

2,524.91

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,524.91

Name 1:

KAH MOTOR CO CON BHD

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

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