

INS. CASE OWNER:

NORSHAH

CC 6 / MG 180

14494, U has

LKK:

IDAC:

Surveyor:

Mupens

DOI:

10/8/18

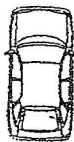
Date / Time:

10/8/18

Registered in Merimen:

10/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLW 7885D

Name of Insured:

TROND KERTY

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

28/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

UM 60H WPK

Driver Tel No.:

9003382

(V/L: YES / NO)

Claim No.:

007009677A 6G

Policy No.:

180002002

Make / Model:

MT. Offroad

Place of Accident:

JUN 15HATC

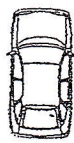
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PBN 584 J



INSRS:

WSP:

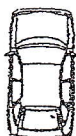
Tel:

Liability:

RMKS:

6774

1/23m



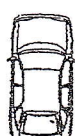
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

10/8/18
MC

PBN 584 J - X, SLW 7885D - X

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:

10/8/18 @ 10:18AM

Report to OI. CONFIRMED ACCIDENT
DETAILS & CROSSING JUNCTION of STOP
LINE. INFORMED TP CASH & UTILITY.
OI was his friend. Agreed to settle
in future not leaving.

- EMAIL UTILITY CASH

- PINACHED.

- ORIGINAL TP LOG IN

10/11/18

- SEND ACCEPTANCE EMAIL TO TP.

- ALL DOCS IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

3,018.20

(5 days)

Reduction:

15

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

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

4a

If NO or B 28, Ass. Lia:

Repair Cost:

CWLRD

S\$

3,229.50

COLD FROM WINOR KATH

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

100.00

(\$ 20 x 5 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\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$320.00

Total:

S\$

3,331.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,331.50

Name 1:

BAN HOCK HIN CO. PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-