

15/5/2010

INS. CASE OWNER:

CC 4/AXA1801

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

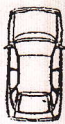
Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

17/9/18

VIC

17/9/18

17/9/18

27/9/18

23/10/18

16/11/18

20/11/18

21/11/18

14/10/19

SLC 4441K-X

SHD 7850-4

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: 27/09/18

Sent By: VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P S\$ 1,919.37

(3 days) Reduction:

58 %

Email

Call

FINAL SETTLEMENT

Date/Time: 12/10/19

Confirm with:

DREWOND

Email

Cal

Final Liability:

%

W

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

(W/K600) S\$ 2,053.72

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

180.00

x 3 days

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

-

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$ 2,233.72

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$ 2,233.72

Name 1:

KAH MOTOR CO. SDN. BHD.

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$350.00