

INS. CASE OWNER:

CC 3 / CTI 180 17059 / Kha3

LKK:

IDAC:

Surveyor:

KSL

DOI:

18/09/18

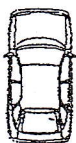
Date / Time:

18/09/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBH 3481J



Insured Vehicle No.:

Claim No.:

Grm 1800449902

Name of Insured:

True colours Ind. Plc

Policy No.:

Insured Tel No.:

HP:

Make / Model:

N. N3500

Excess Sec II : S\$

D.O.A: 15/09/2018

Place of Accident:

middle rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Huang Fei
9650996

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

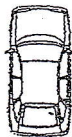
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHB 9602 Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

26/9
meSHB 9602Z - 04/11/18 1494/Kha3 ; 18/10/18
- 03/CTI 16019357/Kha3n2 ; 18/10/18

GBH 3481J X

10/10/18 @ 4:30PM

OLD CALLED IN. CHECKED UPDATE. OLD PROVIDED FOOTAGE TO REPORTING CENTRE.
 - SPOKE TO JENNY (CAI HUP), OLD ONLY TO REPORT. SHE WILL FORWARDED VIDEO FOOTAGE.
 - (OI VIDEO IN. V PRING/NO/GBH 3481J)
 - WI MR YAU. TO REPORT TP CLAIM.
 - EMAIL TO CTI FOR RESORTION APPROVAL
 - CTI AGREE ON RESORTION. REPLIED EMAIL.
 - EMAIL TO TP TO DENY CLAIM.
 - TO CLOSE.

11/10/18

Reject Case

By (staff) : Vis

Approved by : Yau

Date : 11-10-18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

10/10/18 - oic

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:

19/9

Sent By:

Hmk

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

Lb

S\$

2,800.00

(2

days)

Reduction:

83

%

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\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

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:

-