

15/5/2010

INS. CASE OWNER:

CC 4/AIG1801

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 : MUHAMMAD SHADMAN / 18

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

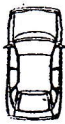
Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lam
printing

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

12/10/18

vic

14/10/18

19/10/18

SKJ 76057 - 4

GBE 755E - 4

MIC POLICED. OLD REPORTED HIT
PARKED TO WHILE MOVING OUT. SEND
LETTER TO OI TO NOTIFY TP CLAIM
IN NCD ISSUES.

PINACHED
TP LOD IN BY BUKIL

SEND ACCEPTANCE CALL TO TP
TP SENT IN BV.
ALL BOOS IN ORDER.
TO CLOS.

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: 14/10/18 - vic

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\$ 3,400.00

(4 days) Reduction: 45 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 19/10/18

Confirm with:

Email ☒ Call ☐

Final Liability:

%

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

22

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 3,400.00

COLD HIT PARKED TO

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

240.00 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\$

7.45

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

Total:

S\$

3,647.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

3,647.45

Name 1:

LAM PRINTING COMPANY

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-