

15/5/2010

INS. CASE OWNER:

SUNDARI

CC 6/III1802

2082, T. h6x/

LKK:

IDAC:

Surveyor:

TAMIKH

DOI:

19/12/18

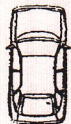
Date / Time:

21/12/18

Registered in Merimen:

21/12/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 2983A

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

11/12/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SEE TICK MAN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MOT18110430

Policy No.:

N10M0015

Make / Model:

HYUNDAI

Place of Accident:

PATERSON CROSS MINE SLOTT
Rd.

OI GIA REPORT: YES / NO

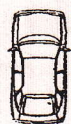
TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SBP 2TR



INSRS:

WSP:

Tel:

Liability:

RMKS:

Performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

21/12/18

SBP 2TR-X

SHA 2983A-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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$S

3,537.70 (3)

days)

Reduction:

29 %

Email

Call

FINAL SETTLEMENT

Date/Time:

21/12/18

Confirm with:

CAROLINE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

COLD RATE-ENDDO TP

Repair Cost:

C/STRT

\$S

3,892.34

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

36000.00

x

3

days)

Loss of Income (LOI):

\$S

-

(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

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$380.00

Total:

\$S

4,252.34

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

4,252.34

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-