

INS. CASE OWNER:

LKK:

DAC:

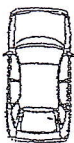
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :\$:

D.O.A.:

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:

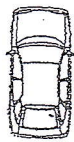
OI GIA REPORT: YES / NO

; TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No



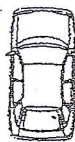
INSRS:

WSP:

Tel:

Liability:

RMKS:



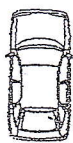
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time:

18/7/19
CHT

STAC 5906 - C3/M 18018869/16 JAZ; OIA: 11/12/18
- CC4/AS 19010831 QAZ; OIA: 16/11/19

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:

\$:

14,800.00

(21 days)

Reduction:

84

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.

28

(3cc. (4/16/14))

If NO or B 28, Ass. Lia

Repair Cost: (w/65%)

\$:

15,836.00

Loss of Rental (LOR):

\$:

2,739.42

(27 days)

x \$101.46

Loss of Use (LOU):

\$:

-

(\$ x days)

Loss of Income (LOI):

\$:

1,250.00

(\$50 x 27 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$:

7.49

Medical:

\$:

-

Disbursement:

\$:

-

Legal Cost

\$:

-

Total:

\$:

19,932.91

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$:

19,932.91

Name 1:

TRANS-CAR AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

\$:

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$:

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00