

INS. CASE OWNER:

SUNDARAI

CC 4, III 1900 2708, K ha3 9

LKK:

IDAC:

Surveyor:

KASUL

DOI:

10/02/19

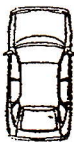
Date / Time:

12/2/19

Registered in Merimen:

13/2/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 4753T

Claim No.:

NOT 19020207

Name of Insured:

C7PL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

8/2/19

Place of Accident:

WEST COAST Highway

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

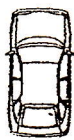
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SH 63460



INSRS:

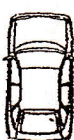
WSP:

Tel:

Liability:

RMKS:

Kah motor



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
18/2/19	SH 63460 - X ;	Non-Reporting ltr (1st):	
	SH 4753T - MY 11/15/19 19/02/19 27/02/19 ; D.O.A. : 9/10/19	Non-Reporting ltr (2nd):	
	- NAT INCL 60412951/19 ; D.O.A. : 12/6/16	Non-Reporting ltr (Final):	
14/02/19	MUE KOUINUSID. OLD REAR-ENDED TP	Notification ltr (if non-pickup):	
	SEEK CABILITY WARRANT	Call OI:	
	III REPORT D/L	After call ltr to OI:	
15/02/19	BMAIL LIABILITY CLEAR	Documentation Check List: Handler Typist	
	PINKUSID	Notification ltr (if non-pickup)	☐
	TP LOG IN BY BMAIL	After call ltr to OI:	☐
02/05/19	TYPE REPORT FOR WARRANT APPROVAL	Authorisation To Act:	☒
	REPORT DONE	Release Voucher:	☒
03/05/19	SEEK WARRANT TO II BY MERIMEN	Final Repair Bill:	☒
	III APPROVED WARRANT	Car Rental Invoice:	☒
07/05/19	SEND ACCEPTANCE BMAIL TO TP	Towing Invoice	☐
14/05/19	RECEIVED PV. ALL DONE IN ORDER.	LTA / GIA :	☐
	TO CLOSE.	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\$ 7,549.71 (5 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/05/19	Confirm with: DEMONB	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GAT)	S\$ 8,078.19		OLD REAR-ENDED TP)
Loss of Rental (LOR):	S\$ 180.00 (4 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\$ -		
Total:	S\$ 8,558.19	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 8,558.19	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: -	