

INS. CASE OWNER:

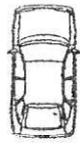
PA

CC 4, Asm 1900 2711, P. 2a3

LKK: 98133
IDAC:

Surveyor: Rasul DOI: 21/2/19 Date / Time: 13/2/19
Registered in Merimen: -

Pre-assign / CCU / FTE

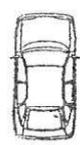


Insured Vehicle No. : SJT 3940T
Name of Insured : MS CAR2 LEASING PLC
Insured Tel No. : _____ HP: _____
Excess See II :SS _____ D.O.A : 21/2/19
Is driver the owner? (YES / NO) _____ Nature of Accident : _____

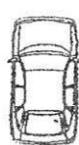
Claim No. : 59m0100G
Policy No. : _____
Make / Model : _____
Place of Accident : _____

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

SLT 9648A



INSRS: _____
WSP: Hitach
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
<u>13/2</u>	<u>SLT 9648A - X ; SJT 3940T - X</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>25-03-19 @ 11:35</u>	<u>Called OI confirmed accident. OI REAR END RD TP. INFORM TP CLAIM AGREED TO SETTLE AND AWARE ABOUT MED.</u>	Call OI:	<u>After 25-03-19</u>
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

29/2/2020 - TP with drawn claim.
- Submit up to AXA

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 37 If NO or B 28, Ass. Lia : _____

Repair Cost: S\$ _____ OI REAR END RD TP

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 WP

2) Report Format: TP

3) Survey fee: \$250.00

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: _____

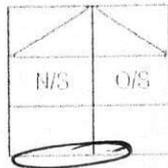
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

James

7/11/11 M @

0399N

Date: _____
 Estimated Cost: _____
 O/E / F / WS / FF RES / OD RES / LVA / HHV / MV
 Registered Vehicle No: **SLT 9648A**
 of Workshop No: **HITACHI CAPITAL**
8, Fourth Lok Yang Rd
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____
 (Policy Condition) **1130 own entry**
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: **79K**
 IDAC/Accident Report: Consistent?: Yes or No
 GIA / PR Seen: Consistent?: Yes or No
 Est. Repairs: **4** days Res.: Yes or No
 Lum Sum: % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Vehicle No: **SLT 9648A** Year: **2017 NOV**
 Type: Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: **Honda VEZEL 1.5XCVT** 1496
 Colour: **WHITE** A/C: Insured / Std / Nil / NA
 Sp. Reading: **023615** T/A Radio: Insured / Std / Nil / NA
 Eng No: _____
 Ch No: **RU11227849**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / R / STD A/Rim or
 Tyre Size: F: **215/60R16**
 R: _____
 BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. 07/02/19	D.O.A. 21/02/09

 Survey held at: **HITACHI**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

Submit
~~7/11/11 \$ 2135.00 (Paid \$ 2515.00 / 57%)~~ - excluded check items \$ 568.80
 P/P \$2,444.20 (Red 2,506.00 // 51%)

Date/Time: File Pass to: : Preli. Report
 : Final Report
 Date/Time: File Return to?
 Report Format:
 Lump Sum / L.B.P. (\$) : Site Insp. (\$) : Interview (\$) : Tech Insp. (\$) : Weekend (\$) : Survey Fee. : Transportation : Photo. : Other : P.P.S.
 Days Of Repair:
 Resurvey No. of Trip:
 Add Fee: : Site Insp. (\$) : Interview (\$) : Tech Insp. (\$) : Weekend (\$)