

15/5/2010

INS. CASE OWNER:

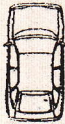
CC 6 /AIG1900 bou 7, Ulu

LKK:

IDAC:

Surveyor: marinsDOI: 4/4/19Date / Time: 4/4/19Registered in Merimen: 4/4/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SFP 3020m.Claim No. : 274411480056Name of Insured : Funk Hoke minPolicy No. : 170800483-01Insured Tel No. : _____ HP: 4/4/19Make / Model : WLSHAN

Excess Sec II : \$

D.O.A : 4/4/19Place of Accident : PVE

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SFP 19975INSRS:
WSP: FastWh
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SFP 19975-4</u>		
	<u>SFP 19975-4</u>		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	<u>70401/19 - khanchwa</u>
		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:	<u>45</u>	\$S 7,100.00	(6 days) Reduction:	<u>69</u> %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒ Call ☐	
Final Liability:	<u>100</u>	% (Agreed / Assessed)	BOLA S/N No. :	<u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	<u>(N/A)</u>	\$S 7,099.00	<u>COL RATE - 50000 TP</u>		
Loss of Rental (LOR):	\$S 500.00	(5 days) X \$100.00			
Loss of Use (LOU):	\$S -	(S x days)			
Loss of Income (LOI):	\$S -	(S x days)			
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	\$S 2.00				
Medical:	\$S -				
Disbursement:	\$S -	(e.g. Tow/ Independent)			
Legal Cost	\$S -				
Total:	\$S 8,099.00	Global Sum \$S:	8,000.00		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 8,000.00	Name 1:	<u>FASTACH AUTO PVE LTD</u>		
Payee 2: (Strike if N.A.)	\$S -	Name 2:	<u>=</u>		
Payee 3: (Strike if N.A.)	\$S -	Name 3:	<u>=</u>		