

15/5/2010

INS. CASE OWNER:

CC / AXA1900

LKK:

IDAC:

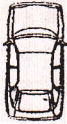
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$\$

Is driver the owner?

SDD 56787

UM PAMU HERN.

HP:

D.O.A.:

( YES / NO )

Nature of Accident:

If NO. Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

Claim No.:

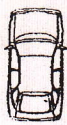
Policy No.:

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:

WSP: W  
Liability: W

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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: 08/05/19

22/05/19 - W IN. TP ACCEPTED OFFER.

FINALIZATION Date/Time: Confirm with:

Repair Cost: PIP \$5 4,750.70 (3 days) Reduction: 16 %

FINAL SETTLEMENT Date/Time: 16/05/19 Confirm with: WILLIAM

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.:

Repair Cost: (w/LOD) \$5 5,067.75

Loss of Rental (LOR): \$5 877.80 (7 days) X \$125.40

Loss of Use (LOU): \$5 350.00 x 7 days

Loss of Income (LOI): \$5 - (\$ x days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LO [ ] [Tick only one]

GIA/LTA Search \$5 7.49

Medical: \$5 -

Disbursement: \$5 - (e.g. Tow/ Independent)

Legal Cost \$5 -

Total: \$5 6,303.02 Global Sum \$5: -

FINAL PAYMENT Date/Time: Confirm with:

Payee 1: \$5 6,303.02 Name 1: COMFORTWILLARD ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$5 - Name 2: -

Payee 3: (Strike if N.A.) \$5 - Name 3: -

Confirm by:

Email [ ] Call [ ]

Email [ ] Call [ ]

If NO or B 28, Ass. Lia:

COULD CARRIAGE CLAIM @ TURNING IN WRONG CASE

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \$350.00

3) Survey fee: