

INS. CASE OWNER:

CWS HONG

CC 4, ALH 1900

8227, UJA3

LKK:

IDAC:

Surveyor:

MARCON

DOI:

9/18/19

Date / Time:

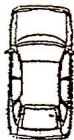
8/18/19

Registered in Merimen:

9/18/19

Pre-assign / CCU / FTE

SMH 6658S



Insured Vehicle No.:

Claim No.:

01026534520G

Name of Insured:

STEPHANNS BUNOANTO GUNAWAN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

21/4/19

Place of Accident:

Is driver the owner?

(YES (NO))

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES/NO)

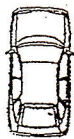
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PBK 7727



INSRS:

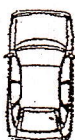
WSP:

Tel:

Liability:

RMKS:

Gurha



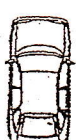
INSRS:

WSP:

Tel:

Liability:

RMKS:



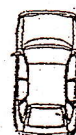
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

PBK 7727 X;

SMH 6658S - CC3/ALH 1900 6344 / And 3, 05A

Repairer: Tune In Motor. Com

- FINALIZED

- ORIGINAL TP LOD

26/06/19

MUS EQUIPMENT. OLD WORKING A RIGHT
TURN & JUNCTION. TP GOING STRAIGHT.
SEND LETTER 4 BULK TO OI.
MIG RECEIVED TP 01 CAUTION LETTER

- SEND RECEIPTANCE BULK TO TP.

01/07/19

CRIG. DI 4 ALH IN.
ALL DOCS IN ORDER.
TO CLOSE.

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: 26/06/19 - VIC

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:

L19

S\$ 500.00 (3 days) Reduction: 75 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

L19 L19

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

8

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 500.00

COLD TURNING)

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

100.00 (\$ 20 x 5 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

2) Report Format:

3) Survey fee:

\$310.00

Total:

S\$

600.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

600.00

Name 1:

EROMIA MOTOR TRADING PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-