

CC3/EQ116003083/H1pb3q2-1

LKK:
DAC:

INSURANCE CASE OWNER: Janet

CC /EQ11600

Re-Open Case

Surveyor: Wenig

DOI: 2017

Date / Time: 11/11/20

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : XB 7142M
Name of Insured : WATERFRONT SERVICES PTD
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A: ETC
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 0ML6H000011/WY
Policy No. : _____
Make / Model : MITSUBISHI
Place of Accident : TANJANG PABAR DISTRICT
ROAD FEEDLE RD

If NO, Driver Name / Age : LI SHI FENG
Driver Tel No. : 10117772 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
7/11/20	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	<u>28/11/2017</u>
	After call ltr to OI:	<u>28/11/2017</u>
	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"/>

PRELIMINARY ADVICE Date/Time: 15/11/2020 Sent By: Pls refer to Views for details

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	\$S	(Conflicting version)	
Loss of Rental (LOR):	\$S	(days)	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S	(\$ x days)	
OR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>		[Tick only one]	
LTA/LTA Search	\$S		1) Claim status: Normal/Reject/Private Settle
Medical:	\$S	(e.g. Tow/Independent)	2) Report Format: <u>WIP</u>
Disbursement:	\$S		3) Survey fee: <u>\$160.00</u>
Legal Cost	\$S		
Total:	\$S	Global Sum \$S:	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time:	Confirm with:	
Issue 1:	\$S	Name 1:	*No development
Issue 2: (Strike if N.A.)	\$S	Name 2:	*To cancel
Issue 3: (Strike if N.A.)	\$S	Name 3:	

CONFIRM

RECEIVED 27 JUN 20