

15/5/2010

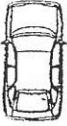
INS. CASE OWNER:

CC 6/EQ1901 6132, Uagbhsz

LKK:  
IDAC:

Surveyor: Marcus DOI: 1/1/11 Date/Time: 11/1/11  
Registered in Merimen: —

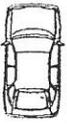
Pre-assign / CCU / FTE



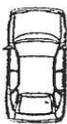
Insured Vehicle No. : XD 9855K  
Name of Insured : AJ HORTICULTURAL SERVICES P/L  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A: 10/1/11  
Is driver the owner? ( YES / NO ) Nature of Accident :  
If NO, Driver Name / Age : SEUMORAI RAJAREL  
Driver Tel No. : \_\_\_\_\_ (VL: YES / NO )

Claim No. : DMC11000002-16  
Policy No. : DMPTK1118-107133  
Make / Model : ISHU  
Place of Accident : PUNBER SECTION 2  
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Insured Liability : % Final ? Yes / No

SKH 51770



INSRS: Hup  
WSP: motor  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
11/1	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
17/10	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: MARCUS

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: MARCUS  
Repair Cost: 415 S\$ 1700.00 ( 4 days) Reduction: \$1756.22 % 51 Email  Call

FINAL SETTLEMENT Date/Time: 17/10/11 Confirm with: David Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22  
Repair Cost: S\$ 1700.00  
Loss of Rental (LOR): S\$ 400.00 ( 4 days) x \$100  
Loss of Use (LOU): S\$ - (S x days)  
Loss of Income (LOI): S\$ - (S x days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search S\$ 2.00  
Medical: S\$ -  
Disbursement: S\$ - (e.g. Tow/Independent)  
Legal Cost S\$ -  
Total: S\$ 2102.00 Global Sum S\$: -  
If NO or B 28, Ass. Lia : 01 reverse ltr to TP  
**COPY SENT**  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format: TP  
3) Survey fee: \$400

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 2102.00 Name 1: Hup motor Trading & Services  
Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_