

15/5/2010

INS. CASE OWNER:

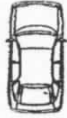
CC 4/III1901 7601, K 9/11

LKK:
IDAC:

s3

Surveyor: Kenneth DOI: 3/10/14 Date / Time: 4/10/14
Registered in Merimen: 76014

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 83320 Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A: 2/10/14 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SJY 8162K



INSRS: Chew
WSP: Goon
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJY 8162K	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)	<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: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: L/S \$5900.00 (11 days) Reduction: 3439.50 % 36 Email Call

FINAL SETTLEMENT Date/Time: 13/08/2020 Confirm with: KELLY Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) \$6313.00
Loss of Rental (LOR): \$1819.00 (17 days) x \$107
Loss of Use (LOU): \$ (\$ x days)
Loss of Income (LOI): \$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]
GIA/LTA Search \$7.45
Medical: \$
Disbursement: \$ (e.g. Tow/ Independent)
Legal Cost \$
Total: \$8139.45 Global Sum \$\$: 8100.00

FINAL PAYMENT Date/Time: Confirm with: Email Call
Payee 1: \$8100.00 Name 1: CHEW GOON MOTOR
Payee 2: (Strike if N.A.) \$ Name 2:
Payee 3: (Strike if N.A.) \$ Name 3:

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$350.00

