

15/5/2010

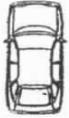
INS. CASE OWNER:

CC 6/AIG19020032, A1K63

LKK:  
IDAC:

Surveyor: Adnan DOI: Wu/LA Date / Time : 11/11/19  
Registered in Merimen: 12/11/19

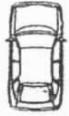
Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 289K Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :\$ D.O.A : 11/11/19 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

EQ 1415G → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS: Success  
WSP: United  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>EQ 1415G - X</u>	Non-Reporting ltr (1st):	
<u>SKM 289K - X</u>	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 checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:  Others:

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: L/S \$3,650 ( 5 days) Reduction: 6,661.37/65 % Email  Call

FINAL SETTLEMENT Date/Time: Sirina Confirm with 23/6/2020 Email  Call   
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :  
Repair Cost: (w/GST) \$3,905.50  
Loss of Rental (LOR): \$ ( days)  
Loss of Use (LOU): \$360 (\$60 x 6 days)  
Loss of Income (LOI): \$ (\$ x days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search \$2.00  
Medical: \$  
Disbursement: \$ (e.g. Tow/ Independent )  
Legal Cost \$  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format: TP  
3) Survey fee: \$320

Total: \$4,267.50 Global Sum \$\$: 4,260

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

Payee 1: \$4,260 Name 1: SUCCESS UNITED PTE LTD  
Payee 2: (Strike if N.A.) \$ Name 2:  
Payee 3: (Strike if N.A.) \$ Name 3:

