

15/5/2010

INS. CASE OWNER:

CC 6, III1901 0143, Ugb3

LKK:
IDAC:

Surveyor: marcus

DOI: 12/11/19

Date / Time: 12/11/19

Registered in Merimen: 12/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3703u.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S _____ D.O.A : 12/11/19

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

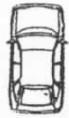
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJP 55990



INSRS: choo motor
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SJP 55990</u>	Non-Reporting ltr (1st):	
<u>SHD 3703u</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 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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____
 Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: P/P \$S 1296.93 (2 days) Reduction: 3396.97 % 72 Email Call

FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with JASON Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
 Repair Cost: \$S 1296.93
 Loss of Rental (LOR): \$S 120.00 (1 days) x \$120
 Loss of Use (LOU): \$S (\$ x days)
 Loss of Income (LOI): \$S (\$ x days)
 LOR only LOU only LOR + LOU LOR + LO [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: TP
 3) Survey fee: \$350.00

Total: \$S 1416.93 Global Sum \$S: 1410.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 1410.00 Name 1: CHOO MOTOR SPRAY PAINTER
 Payee 2: (Strike if N.A.) \$S Name 2:
 Payee 3: (Strike if N.A.) \$S Name 3: