

15/5/2010

INS. CASE OWNER:

JMS

CC 4 / ASM190

MM04, A gbb

LKK:

IDAC:

Surveyor:

A. Anan

DOI:

17/11/19

Date / Time :

17/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJD 34040

Claim No. :

SAMONK6115M04

Name of Insured :

MASMEKH BINTU SAMEN

Policy No. :

VBI 14401925

Insured Tel No. :

HP:

Make / Model :

MITSUBISHI

Excess Sec II :S\$

D.O.A. :

17/11/19

Place of Accident :

AIRPORT KD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SMW 3029x

INSRS:
WSP:
Tel :
Liability :
RMKS:Mg
solutionINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMW 3029x SJD 34040	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)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice	
	LTA / GIA :	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		
PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: L/S	S\$ 1050.00 (2 days) Reduction: 3530.32% 77	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 30/04/2020 Confirm with: SU Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1123.50	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 150.00 (\$ 50 x 3 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ 1280.95 Global Sum S\$: 1280.00	
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐		
Payee 1:	S\$ 1280.00 Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$350.00