

15/5/2010

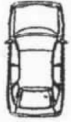
INS. CASE OWNER:

LKK:

IDAC:

Surveyor: Adnan DOI: 20/1/14 Date / Time : 20/1/14
 Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : XO 42045

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 2/1/14

Place of Accident : _____

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

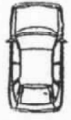
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBQ 5824E
 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:
JEC
 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/Time		STAGE	DATE / PIC
	<u>FBQ 5824E - 2</u>	Non-Reporting ltr (1st):	
	<u>XO 42045 - 2</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 type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" 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: <u>L/S</u>	\$S <u>3,000.00</u> (<u>5</u> days)	Reduction: <u>51.96</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>02/09/2021</u>	Confirm with: <u>XIAN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: <u>100</u> %	<u>50</u> (Agreed / Assessed)	BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>3,000.00</u>	\$S <u>1,500.00</u>			
Loss of Rental (LOR):	\$S (<u> </u> days)			
Loss of Use (LOU): <u>210.00</u>	\$S <u>105.00</u> (\$ <u>30</u> x <u>7</u> days)			
Loss of Income (LOI):	\$S (\$ <u> </u> x <u> </u> days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S			
Medical:	\$S			
Disbursement:	\$S (e.g. Tow/ Independent)			
Legal Cost	\$S			
Total: <u>3,210.00</u>	\$S <u>1,605.00</u>	Global Sum \$S: <u>1,600.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>1,600.00</u>	Name 1: <u>JEC AUTO SERVICE PTE LTD</u>		
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: \$400.00