		15	m	0		n			
А	э	r,cn	14		12	u			

INS.	CASE	OWNER

Aba3 CC6/AIG20002456/Aha3

ASSI	CNM	ENT
TOOL	CAT ATAY	TANK A.W.

ADDIAN
ADRIAN

DOI: 11/02/2020

Date / Time:

11/02/2020

12/02/2020 Registered in Merimen:

Pre-assign / CCU / FTE



Claim No. SMF 4315E Insured Vehicle No.

Policy No. Name of Insured

Make / Model : HP: Insured Tel No. D.O.A: 08/02/2020 12:45 PIE TOWARD TUAS Place of Accident: Excess Sec II :S\$

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

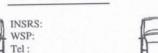
If NO. Driver Name / Age:

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

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

Final? Yes/No Insured Liability:

SLP 2322G





INSRS: WSP: Tel: Liability: PMKS.

SMF 4315E



SLL 4382R

INSRS: WSP: CHIN Tel: MENG Liability:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE DATE/PIC
	SMF 4315E - X SLL 4382R - X	BINOS
		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 :
08/12/2020	SETTLED AND CLOSED / FILE IN DRAWER	Medical Bill:
00/12/2020		PIR:
		Mandate/Reject Instruction:
		LOD LOD
		Payment Breakdown Form:
	2 . P	Post-Repair Photos:
PRELIMINARY ADVICE	E Date/Time: Sent By:	Others:
		Confirm by:
FINALIZATION	Date/Time: Confirm with:	Email Call
Repair Cost: L/S	s\$2,250.00 (4 days) Reduction: 45.08 %	Email Call
FINAL SETTLEMENT	Date/Time: 08/12/2020 Confirm with QUEK	If NO or B 28, Ass. Lia: 0%
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia: 0 70
Repair Cost:	ss 2,250.00	3 veh C.C , OI=2nd car
Loss of Rental (LOR):	s\$ 400.00 (4 days) X \$100.00	O Veri O.O., Or Zila oai
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only LOU onl	y LOR + LOU LOR + LOI [Tick only one]	
GIA/LTA Search	ss 7.45	Claim status: Normal/Reject/Private Settle
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	(2) Report Formati
egal Cost	S\$ 0.0F7.4F	3) Survey fee: \$320.00
Total:	s\$ 2,657.45 Global Sum S\$: 2,600.00	2 1 21
	Date/Time: Confirm with:	Email Call
FINAL PAYMENT		
	ss 2,600.00 Name 1: CHIN MENG M	OTORS
FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)	ss 2,600.00 Name 1: CHIN MENG M	OTORS