

INS. CASE OWNER:

CC 6 / ALG 2000 3088 / Aes3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

21/2/2020

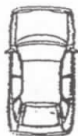
Date / Time :

21/2/2020

Registered in Merimen:

24/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SBH1266C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 20/2/2020

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

YP6793A



INSRS:

WSP: Hua Meng

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

YP6793A : X

SBH1266C: CC3/ALG18005788/K1JASGL; DOA: 21/2/20

STAGE

DATE / PIC

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: LWP

Repair Cost: L/S \$S 11,000.00 (9 days) Reduction: 45 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11.08.20 Confirm with JING YEE

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9

If NO or B 28, Ass. Lia :

Repair Cost: \$S 11,000.00

OI TURN RIGHT @ T-JUNCTION

Loss of Rental (LOR): \$S - (days)

Loss of Use (LOU): \$S 1,350.00 (\$150 x 9 days)

Loss of Income (LOI): \$S - (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search \$S 7.45

Medical: \$S -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

Total: \$S 12,357.45

Global Sum \$S:

FINAL PAYMENT Date/Time: 11.08.20

Confirm with: JING YEE

Email ☐ Call ☐

Payee 1: \$S 12,357.45

Name 1: HUA MENG SPRAY PAINTING WORKSHOP

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: \$320