

INSURANCE

INS. CASE OWNER:

CC 642
ATG1801

6284, 11/11/18

LKK:
IDAC:

Surveyor: MARUS

DOE: 6/1/18

Date / Time: 6/1/18

Registered in Merimen: 6/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. sup 6640L

Claim No. 150628696456

Name of Insured UE

Policy No.

Insured Tel No. HP: 24/8/18

Make / Model

Excess Sec II :SS D.O.A: 24/8/18

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

YN 11795



INSRS:
WSP:
Tel:
Liability:
RMKS:

Chin Meng



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

6/1/18

YN 11795 - 4
- UE non reporting

11/1/18

12/9/18

- NO OI GIA.

13/9/18

- sent NIR letter to OI wa email

14/9/18

- a GIA in merimen

14/11/18

- old rear endent TP

12/11/18

- file photo MARUS

13/12/18 - file PAS to LSP to close

STAGE	DATE / PIC
Non-Reporting 1st (1st)	
Non-Reporting 1st (2nd)	
Non-Reporting 1st (Final)	
Notification 1st (if non-pickup)	
Call OI:	24/8/18 (by email)
After call 1st to OI	
Documentation Check List:	Handler Typist
Notification 1st (if non-pickup)	☐ ☐
After call 1st 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: 22/09/2020 Confirm with: Quek Kim Seng		Email ☒ Call ☐	
Repair Cost:	\$5 2,400.00 (4 days) Reduction: 56 %	If NO or B 28. Ass. Lia:	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 27		
Repair Cost:	\$5 2,400.00		
Loss of Rental (LOR):	\$5 - (days)		
Loss of Use (LOU):	\$5 600.00 (5 120 x 5 days)		
Loss of Income (LOI):	\$5 - (5 x days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search:	\$5 7.45		
Medical:	\$5 -		
Disbursement:	\$5 - (e.g. Tow/ Independent)		
Legal Cost:	\$5 -		
Total:	\$5 3,007.45 Global Sum \$5:		
FINAL PAYMENT Date/Time: Confirm with:		Email ☐ Call ☐	
Payee 1:	\$5 3,007.45 Name 1: Chin Meng Motors		
Payee 2: (Strike if N.A.)	\$5 Name 2:		
Payee 3: (Strike if N.A.)	\$5 Name 3:		