

INS. CASE OWNER:

CC3 /LPC160

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES/NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

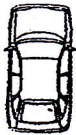
Place of Accident:

OI GIA REPORT: YES/NO

TP GIA REPORT: YES/NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



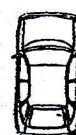
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time:

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: 22/07/16

Sent By: JB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PIP

SS \$25,248.04 (12 days) Reduction: 73 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 22/07/19

Confirm with: WAH YIN

Email ☒ Call ☐

Final Liability:

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

If NO or B 28, Ass. Lia: 0%

Repair Cost: COWKARD

SS \$27,015.40

(5 Veh. O.C., 01 Rep Car)

Loss of Rental (LOR):

SS \$1,669.20 (5 days) x \$128.40

Loss of Use (LOU):

SS \$ - (\$ x days)

Loss of Income (LOI):

SS \$ - (\$ x days)

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

GIA/LTA Search

SS \$6.00

Medical:

SS \$ -

Disbursement:

SS \$ -

(e.g. Tow/ Independent)

Legal Cost

SS \$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$450.00

Total:

SS \$28,684.50 Global Sum SS: 27,500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS \$27,500.00

Name 1:

TRANS-CAR AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS \$ -

Name 2:

-

Payee 3: (Strike if N.A.)

SS \$ -

Name 3:

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