

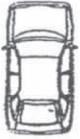
INS. CASE OWNER:

CC 3 / EQ1170 21422, 11ea3

LKK:
IDAC:

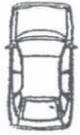
Surveyor: Amk DOI: 21/11/17 Date / Time: 21/11/17
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGY 277D Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :SS _____ D.O.A: 17/11/17 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

SAO 1072 u →



INSRS:
WSP: Premier
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SAO 1072 u - X ; SGY 277D - X</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
 Repair Cost: S\$ _____
 Loss of Rental (LOR): S\$ _____ (_____ days)
 Loss of Use (LOU): S\$ _____ (\$ x days)
 Loss of Income (LOI): S\$ _____ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$ _____
 Medical: S\$ _____ 1) Claim status: Normal/Reject/Private Settle
 Disbursement: S\$ _____ (e.g. Tow/ Independent) 2) Report Format: _____
 Legal Cost S\$ _____ 3) Survey fee: _____

Total: S\$ _____ **Global Sum SS:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1:	S\$ _____	Name 1:	_____
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	_____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	_____

