

INS. CASE OWNER:

Ernest

CC 4 ASM
AXA1800 0226, UK63

LKK:

IDAC:

Surveyor:

marcus

DOI:

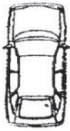
6/1/18

Date / Time :

7/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBO 1728H

Claim No. :

S8M006JS

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

7/1/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

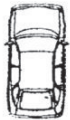
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SEK 1784H



INSRS:

WSP:

Tel :

Liability :

RMKS:

yew
tel

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SEK 1784H-X	Non-Reporting ltr (1st):	
GBO 1728H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Non-Reporting ltr (2nd):	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Non-Reporting ltr (Final):	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Notification ltr (if non-pickup):	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Call OI:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	After call ltr to OI:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Documentation Check List: Handler	Typist
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Notification ltr (if non-pickup)	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	After call ltr to OI:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Authorisation To Act:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Release Voucher:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Final Repair Bill:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Car Rental Invoice:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Towing Invoice:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	LTA / GIA :	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Medical Bill:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	PIR:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Mandate/Reject Instruction:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	LOD	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Payment Breakdown Form:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Post-Repair Photos:	
1784H - 04/01/18 16:00:00 / 04/01/18 00:00:00	Others:	
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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	
Legal Cost S\$		
Total: S\$	Global Sum S\$:	
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

