

15/5/2010

INS. CASE OWNER:

CC 3/AIG1800

LKK:

IDAC:

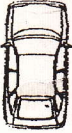
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

Nature of Accident :

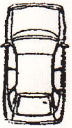
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES/NO)

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

Insured Liability : % Final ? Yes / No



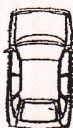
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



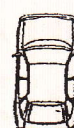
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC
12/12/18	Non-Reporting ltr (1st):	
17/1	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	02/02/19-VIC
	Documentation Check List:	Handler Typist
02/02/19 @ 2:14PM	Notification ltr (if non-pickup)	☐
	After call ltr to OI:	☒
	Authorisation To Act:	☒
	Release Voucher:	☐
	Final Repair Bill:	☒
	Car Rental Invoice:	☒
	Towing Invoice:	☐
28/05/19 @ 4:34PM	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:		
Repair Cost: P/P	\$S 940.00, 2 days) Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☒ Call ☐		
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: \$1,005.80	\$S 502.90	SIDE SWIPED
Loss of Rental (LOR): \$1,005.80	\$S 204.75 (3.5 days) X \$ 117.00	
Loss of Use (LOU): \$175	\$S 87.50 (\$ 50 x 3.5 days)	
Loss of Income (LOI): -	\$S - (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search \$7.19	\$S 7.19	
Medical: -	\$S -	1) Claim status: Normal/Reject/Private Settle
Disbursement: -	\$S - (e.g. Tow/ Independent)	2) Report Format:
Legal Cost: -	\$S -	3) Survey fee: \$320.00
Total: \$1,597.79	\$S 802.64 Global Sum \$S: 800.00	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$S 800.00 Name 1: COMFORTDRUGS ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	\$S - Name 2: -	
Payee 3: (Strike if N.A.)	\$S - Name 3: -	