

15/5/2010

INS. CASE OWNER:

CC 4 / AXA1800

3045, E2 W63

LKK:

IDAC:

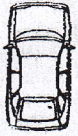
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

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.:

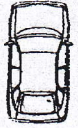
Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



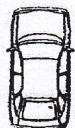
INSRS:

WSP:

Tel:

Liability:

RMKS:



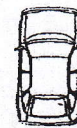
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
m/12/14	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
16/07/18	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: 15/7/18	Sent By: [Signature]
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 45	S\$ 4,500.00 (4 days)	Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	S\$ -	
Loss of Rental (LOR):	S\$ - (days)	x \$ 100.39
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:
Payee 1:	S\$ -	Name 1:
Payee 2: (Strike if N.A.)	S\$ -	Name 2:
Payee 3: (Strike if N.A.)	S\$ -	Name 3: