

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.:

HP:

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place 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	
5/5/18T - 14/7/18 PA 88432-X	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:	☐	☐	
PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others:			
FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐			
Repair Cost: S\$ (days) Reduction: %			
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐			
Final Liability: % (Agreed / Assessed) BOLA S/N No.:			
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:			

