

Stany | CC 4 / ASM1800 7320, Aha3

40798

Surveyor: KOMAR DOI: 19/4/18 Date / Time: 19/4/18
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJA1992Y Claim No. : _____
Name of Insured : SHINDER KANK Policy No. : GA91682 *lx*
Insured Tel No. : _____ HP: _____ Make / Model : H. Avante.
Excess Sec II :SS _____ D.O.A : 14/4/18 Place of Accident : KANK RES ORIVE
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : DEBETA 010 moto SMALL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : 97594979 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SDP 1833A →



INSRS: zen Indo
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
<u>SDP 1833A</u> <u>SJA1992Y</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"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
Others:	<input type="checkbox"/> <input type="checkbox"/>		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____	Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ _____			
Medical: S\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____		2) Report Format: _____	
Total: S\$ _____ Global Sum S\$: _____		3) Survey fee: _____	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			

