

INS. CASE OWNER:

Stacy. | CC 4 / ASM1800 7803, 71ja3

LKK: 42076
IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

6BB 6660 X

58m00f80



Insured Vehicle No. :

Claim No. : _____

Name of Insured :

Policy No. : _____

Insured Tel No. : HP:

Make / Model : _____

Excess Sec II :SS D.O.A: 11/4/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Commercial Automobile Liability		
6. Umbrella Liability		
7. Other		

XE 3805 P



INRS:
WSP: *BShey.*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC	
	XE 201 P - X; GMR 6660 X - 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:			
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\$					1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)				2) Report Format:		
Legal Cost	S\$					3) Survey fee:		
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:						

