

15/5/2010

INS. CASE OWNER:

CC 3 / AIG1800 8835, Gwa3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / F/E



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

(YES / NO)

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:



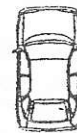
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

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.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

10083.34

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

540.00 (\$ 90 x 6 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

200

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

10655.34

Global Sum S\$:

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

10083.34

Name 1:

Premium Automobiles Pte Ltd

Payee 2: (Strike if N.A.)

S\$

540.00

Name 2:

Ng Hock Seng

Payee 3: (Strike if N.A.)

S\$

Name 3: