

INSURANCE CLAIM FORM

INSURED: **SKF 9843M**
Name of Insured: **Yak Eng Tio**
Insured Tel No.: _____ HP: _____
Excess Sec II :SS _____ D.O.A: **24/5/18**
Is driver the owner? (YES / NO) Nature of Accident: _____
If NO, Driver Name / Age: **Suck Cheri Yoke**
Driver Tel No.: **81237611** (V/L: YES / NO) _____
Date / Time: **25/5/18**
Registered in Merimen: _____
Claim No.: **INM 1800263602**
Policy No.: **DMP 180304719702**
Make / Model: **V. Polo**
Place of Accident: **RTE 7 SUE**
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

INSRS: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____
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Date/ Time	STAGE	DATE / PIC
8/6	Non-Reporting ltr (1st):	
11/6	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: 22/06/18 - nie	
11/06/18 @ 10:35AM	After call ltr to OI: 11/06/18 - nie	
	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: **24/07/18** Sent By: **nie**

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **16** S\$ **9,000.00** (**7** days) Reduction: **76** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **10/09/18** Confirm with: **SKOON** Email ☒ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No.: **28** If NO or B 28, Ass. Lia: **100**

Repair Cost: **16** S\$ **9,630.00** (**7** days) x **\$100.00**

Loss of Rental (LOR): S\$ **700.00** (**7** days) x **\$100.00**

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\$ **2.00**

Medical: S\$ **-**

Disbursement: S\$ **-** (e.g. Tow/ Independent)

Legal Cost S\$ **-**

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **4**

3) Survey fee: **400.00**

Total: S\$ **10,332.00** Global Sum S\$: **-**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1: S\$ **10,332.00** Name 1: **PROTECH AUTO PTB LTD**

Payee 2: (Strike if N.A.) S\$ **-** Name 2: **-**

Payee 3: (Strike if N.A.) S\$ **-** Name 3: **-**