

INS. CASE OWNER:

CC 4 / ASM 1800

9689

UHA3SZ

LKK:

IDAC:

47969

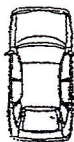
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

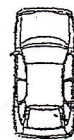
Policy No.:

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\$

3,800.00

(5

days) Reduction:

31

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/gst)

S\$

3,745.00

(w/gst)

749.00

(7

days) x \$100.00

Loss of Rental (LOR) (w/gst)

S\$

-

(\$

x

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\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

4,496.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

4,496.00

Name 1:

KAN TOOK SING MOTOR WORKSHOP

Payee 2: (Strike if N.A.)

S\$

=

Name 2:

=

Payee 3: (Strike if N.A.)

S\$

=

Name 3:

=