

INS. CASE OWNER:

VO | CC4/ASM 180 10795, Vua3

LKK: 57387
IDAC: 12/6/2018

Surveyor: Sathya

DOI: 13-6-18

Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

PC 3446Y "Viktor" "

S8m00kel ha



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 8.6.18

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

SUF 5438P



INSRS: _____
WSP: Auto Insure
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time

SUF 5438P, X; PC 3446Y, X

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.: _____

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: _____

