

Surveyor: UMP DOI: 10/7/18 Date / Time: 4.7.18 Registered in Merimen: 4.7.18

Pre-assign / CCU / FTE

SH 6184 X



Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 1.7.18 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

SJG 1868B



INSRS: Jack Cars.  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time                                       | STAGE   | DATE / PIC  |
|--|---|---|
| SJG 1868B-X;                                     | Non-Reporting Itr (1st):                        |   |
| SH 6184 X. MK (inc 08019572/51 ; D.O.A. 21X/2008 | Non-Reporting Itr (2nd):                        |   |
|  | Non-Reporting Itr (Final):                      |   |
|  | Notification Itr (if non-pickup):               |   |
|  | Call OI:  |   |
|  | After call Itr to OI:                           |   |
|  | <b>Documentation Check List:</b> Handler Typist |   |
|  | Notification Itr (if non-pickup)                | <input type="checkbox"/> <input type="checkbox"/> |
|  | After call Itr to OI:                           | <input type="checkbox"/> <input type="checkbox"/> |
|  | Authorisation To Act:                           | <input type="checkbox"/> <input type="checkbox"/> |
|  | Release Voucher:                                | <input type="checkbox"/> <input type="checkbox"/> |
|  | Final Repair Bill:                              | <input type="checkbox"/> <input type="checkbox"/> |
|  | Car Rental Invoice:                             | <input type="checkbox"/> <input type="checkbox"/> |
|  | Towing Invoice                                  | <input type="checkbox"/> <input type="checkbox"/> |
|  | LTA / GIA :                                     | <input type="checkbox"/> <input type="checkbox"/> |
|  | Medical Bill:                                   | <input type="checkbox"/> <input type="checkbox"/> |
|  | PIR:  | <input type="checkbox"/> <input type="checkbox"/> |
|  | Mandate/Reject Instruction:                     | <input type="checkbox"/> <input type="checkbox"/> |
|  | LOD   | <input type="checkbox"/> <input type="checkbox"/> |
|  | Payment Breakdown Form:                         | <input type="checkbox"/> <input type="checkbox"/> |
|  | Post-Repair Photos:                             | <input type="checkbox"/> <input type="checkbox"/> |
|  | Others:   | <input type="checkbox"/> <input type="checkbox"/> |

**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: \_\_\_\_\_

