

INS. CASE OWNER:

CC 6, AIG₁₈₀ 12730, 21 uaz

LKK:

IDAC:

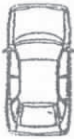
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : _____

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$

D.O.A: 29/6/18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Automobile		
7. Aircraft and Heliport		
8. Watercraft		
9. Umbrella		
10. Other		

2m 9847



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time				
Sum 98147 - CSX/ALH/701446/Jobet; DOA 2/1/17 SLX 17206 - 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:		☐		
PRELIMINARY ADVICE Date/Time:		Sent By:		
FINALIZATION Date/Time:		Confirm with:		
Repair Cost: S\$ (days) Reduction: %		Confirm by:		
		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:		

