

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801

LKK:

IDAC:

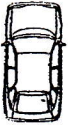
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

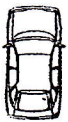
OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability : %

Final ? Yes / No

SMA 9057C

INSRS:
WSP:
Tel :
Liability :
RMKS:CODE
WJINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

21/1/18
TH

SMA 9057C-4

SMA 9057C-4

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: 21/1/18

Sent By: BIL

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LIS

S\$ 1,600.00

(3 days)

Reduction:

46 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100 - (Agreed / Assessed)

BOLA S/N No. :

15

If NO or B 28, Ass. Lia :

Repair Cost:

(w/ass)

S\$ 1,712.00

Loss of Rental (LOR):

S\$

142.13

(4.5 days)

X \$98.25

Loss of Use (LOU):

S\$

225.00

50

x 4.5 days

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

LOR + LO

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

2,386.62

Global Sum S\$:

2,380.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,380.00

Name 1:

CONFIDENTIAL

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-