

5/2010

INS. CASE OWNER:

CC 3 /AIG1801

LKK:
IDAC:

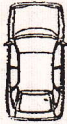
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES/NO)

Claim No. :

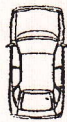
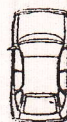
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes/No

INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

1/8/18
7TH
29/10/18SHB 1476T - 4
FINALIZED.

SCV 6683m - 4

- FILE REQUESTED. CONDUCTING VIDEOS
CUTTING CAR. SEND LETTER TO OI
TO NOTIFY TP CLAIM & NCD ISSUES.
- TP GOT VIDEO. REQUESTED COPY
- TP VIDEO UPLOADED IN MERIMEN
- TP LOD IN BY MAIL

19/06/19

- SEND 1ST OFFER TO TP
- TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.
- TO CLOSE.

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L16

SS 1,500.00

(3

days) Reduction:

80

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

NIL

Repair Cost:

SS 1,500.00

Loss of Rental (LOR):

SS 668.75

(5

days)

X 4133.75

Loss of Use (LOU):

SS

-

(S

x

days)

Loss of Income (LOI):

SS

-

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + I.O

[Tick only one]

GIA/LTA Search

SS

7.00

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS 2,175.75

Global Sum \$S:

2,175.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS 2,175.00

Name 1:

SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00