

INS. CASE OWNER:

CC 3, 16180 15620, R1 f3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A. : 24/8/18

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

5440m



INSRS:

WSP:

Tel :

Liability :

RMKS:

Volkswagen



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	5440m - x	Non-Reporting ltr (1st):	
	5440m - x	Non-Reporting ltr (2nd):	
	5440m - x	Non-Reporting ltr (Final):	
	5440m - x	Notification ltr (if non-pickup):	
	5440m - x	Call OI:	
	5440m - x	After call ltr to OI:	
	5440m - x	Documentation Check List:	Handler Typist
	5440m - x	Notification ltr (if non-pickup)	
	5440m - x	After call ltr to OI:	
	5440m - x	Authorisation To Act:	
	5440m - x	Release Voucher:	
	5440m - x	Final Repair Bill:	
	5440m - x	Car Rental Invoice:	
	5440m - x	Towing Invoice	
	5440m - x	LTA / GIA :	
	5440m - x	Medical Bill:	
	5440m - x	PIR:	
	5440m - x	Mandate/Reject Instruction:	
	5440m - x	LOD	
	5440m - x	Payment Breakdown Form:	
	5440m - x	Post-Repair Photos:	
	5440m - x	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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
				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:		

