

15/9/2010

INS. CASE OWNER:

CC 7 / AIG1801 6623, Keb3

LKK:
IDAC:

Surveyor: Kenneth

DOI: u/a/18

Date / Time: 11/1/18

Registered in Merimen: 11/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SBP 62K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 9/1/18

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

51E 19045

5F7 5502T

SBP 62K

SND 5045Y



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS: trans
WSP: cab
Tel :
Liability :
RMKS: TP

Date/ Time	STAGE	DATE / PIC
<u>SND 5045Y - X</u>	Non-Reporting ltr (1st):	
<u>SBP 62K. N/A 1801 6623 / 11/1/18</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : _____	
Repair Cost: S\$ _____	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): S\$ _____	(_____ days)	
Loss of Use (LOU): S\$ _____	(S x _____ days)	
Loss of Income (LOI): S\$ _____	(S x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____	(e.g. Tow/ Independent)	
Legal Cost: S\$ _____		
Total: S\$ _____	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$ _____	Name 1: _____	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	

