

15/5/2010

INS. CASE OWNER:

CC 7/CTI1801

LKK:

IDAC:

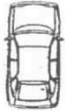
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :\$S

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE/ PIC	
SHF 617E	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:			
FINALIZATION Date/Time: Confirm with: Confirm by: KSC			
Repair Cost: L/S \$S 4,200.00 (4 days) Reduction: 70 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 07.09.20 Confirm with: WAI YIN	Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST \$S 4,494.00	OID UTURN HIT TP (WITNESS STATEMENT)		
Loss of Rental (LOR): \$S 333.84 (4 days) X \$83.46			
Loss of Use (LOU): \$S - (\$ x days)			
Loss of Income (LOI): \$S 200.00 (\$ 50 x 4 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]			
GIA/LTA Search \$S 7.49			
Medical: \$S -	1) Claim status: Normal/ Revised/ Private		
Disbursement: \$S - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost \$S -	3) Survey fee: \$400		
Total: \$S 5,035.33	Global Sum \$S:		
FINAL PAYMENT Date/Time: 07.09.20 Confirm with: WAI YIN	Email ☐ Call ☐		
Payee 1: \$S 5,035.33	Name 1: TRANS-CAB AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.) \$S	Name 2:		
Payee 3: (Strike if N.A.) \$S	Name 3:		