

INS. CASE OWNER:

CC 4/III160 19596, K 203

LXX:

IDAC:

Surveyor:

KSC

DOI:

21/01/18

Date / Time:

14/10/16

Registered in Merimen:

18/10/16

Pre-assign / CCU / FTE

SHC 20532



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

8/10/16

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place 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

SLA63004



INSRS:

WSP:

Tel:

Liability:

RMKS:

ching hoo



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLA63004, x	Non-Reporting ltr (1st):	
	SHC 20532 - 02/AXA 12022960/HVID:3:DOA:78/11	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:	

21/1/18

NO survey done. To cancel case.

22-08-17

TO CANCEL FILE

18.03.21

III CANCEL THE CASE AS THE SURVEY DONE AFTER 3YRS.

25/3/21

To Cancel. ~

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:	
Total:	S\$	Global Sum S\$:		3) Survey fee:	
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:			