

15/5/2010

INS. CASE OWNER:

CC 3 /EQI1802

LKK:

IDAC:

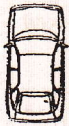
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

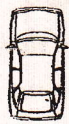
Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



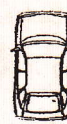
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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: NO DV

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: 12/11/18

Sent By: BY

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$S

3,928.64 (3)

days) Reduction:

10

%

Email

Call

FINAL SETTLEMENT

Date/Time:

23/05/19

Confirm with:

SIM

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

C/L 650

\$S

4,214.34

C/L 650 (C/L 650 - 27)

Loss of Rental (LOR):

\$S

428.16

(3.5)

days)

x \$125.19

Loss of Use (LOU):

\$S

175.00

x 3.5

days)

Loss of Income (LOI):

\$S

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

7.19

Medical:

\$S

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$S

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$S

-

3) Survey fee:

\$400.00

Total:

\$S

4,834.99

Global Sum \$S:

4,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

4,800.00

Name 1:

COMPTON DELARO ENGINEERING PTB LEO

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-