

15/5/2010

INS. CASE OWNER:

CC 4 ASM AXA1802

LKK:

IDAC:

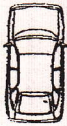
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

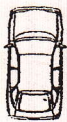
Place of Accident:

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:

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:

Repair Cost:

\$ 2,800.00

(5 days) Reduction:

74 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

24

If NO or B 28, Ass. Lia:

Repair Cost:

\$ 2,996.00

Loss of Rental (LOR):

\$

-

(days)

Loss of Use (LOU):

\$

200.00

x 5

days)

Loss of Income (LOI):

\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$

2.00

Medical:

\$

-

Disbursement:

\$

-

(c.g. Tow/ Independent)

Legal Cost

\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$

3,298.00

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

3,298.00

Name 1:

A0000 AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$

-

Name 3:

-