

15/5/2010

INS. CASE OWNER:

CC AXA1802

LKK:

IDAC:

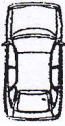
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

Place of Accident :

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

26/11/18
Mikher

SKU M66R-4

SGJ 85595-4

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 5,365.60

(6 days)

Reduction:

50 %

Email

Call

FINAL SETTLEMENT

Date/Time:

20/03/2020

Confirm with:

VERONICA

Email

Call

Final Liability:

% 100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost: (w/ass)

S\$ 5,740.65

- FOR AXA

01 REAR ENDED TP.

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 560.00

(\$80 x 7 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$ 6,302.55

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 6,302.55

Name 1:

CITY AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-