

15/5/2010

INS. CASE OWNER:

CC 4/EQ1802

LKK:

IDAC:

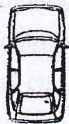
Surveyor:

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))

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

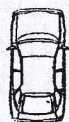
Make / Model:

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 W

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: 22/11/19

Sent By: VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L19

\$S 6,050.00

(5 days) Reduction: 65

%

Email

Call

FINAL SETTLEMENT

Date/Time: 24/11/19

Confirm with: ELIN

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

21

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 6,050.00

Loss of Rental (LOR):

\$S 700.00

(7 days) X \$100

Loss of Use (LOU):

\$S -

(S x days)

Loss of Income (LOI):

\$S -

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S 7.15

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$100.00

Total:

\$S 6,757.15

Global Sum \$S: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S 6,757.15

Name 1:

ZOOM AUTOWORKS PTE LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

Payee 3: (Strike if N.A.)

\$S -

Name 3: