

15/5/2010

INS. CASE OWNER:

CC 1/CTI1802

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 :SS

Is driver the owner?

( YES / NO )

HP:

D.O.A :

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



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
SHB 167X SMT SETTLED. ALL DOCUMENTS IN ORDER. TO CLOSE.	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA	<input checked="" type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	
LOD	<input checked="" type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm by:		
<b>FINALIZATION</b> Date/Time: Confirm with:		
Repair Cost: L/S	\$S 4,350.00	( 4 days) Reduction: 51 %
<b>FINAL SETTLEMENT</b> Date/Time: 22/04/2020 Confirm with: LEE GEK		
Final Liability:	% 100 (Agreed)	Assessed) BOLA S/N No. : 5
Repair Cost:	\$S 4,350.00	
Loss of Rental (LOR):	\$S 741.51	( 7 days) x \$105.93
Loss of Use (LOU):	\$S ---	( \$ x days)
Loss of Income (LOI):	\$S 60.00	\$ 60 x 1 days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input checked="" type="checkbox"/> [Tick only one]
GIA/LTA Search	\$S 7.00	
Medical:	\$S ---	
Disbursement:	\$S ---	(e.g. Tow/ Independent )
Legal Cost	\$S ---	
Total:	\$S 5,158.51	Global Sum \$S: 5,150.00
<b>FINAL PAYMENT</b> Date/Time: Confirm with:		
Payee 1:	\$S 5,150.00	Name 1: SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	\$S ---	Name 2: ---
Payee 3: (Strike if N.A.)	\$S ---	Name 3: ---