

15/5/2010

INS. CASE OWNER:

CC

4 / ASM 180

LKK:

IDAC:

87382

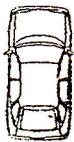
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : S\$

1,500

D.O.A.:

11/12/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

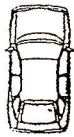
(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No



INSRS:

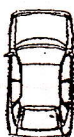
WSP:

Tel:

Liability:

RMKS:

u



INSRS:

WSP:

Tel:

Liability:

RMKS:

1



INSRS:

WSP:

Tel:

Liability:

RMKS:

4p



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: e-mail only

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: email

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: DO FORM

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 46

S\$ 6,350.00 (9 days) Reduction: 53 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 24/05/19

Confirm with: LC

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 6,350.00

(OLD RATE - IMPROVED TP)

Loss of Rental (LOR):

S\$ 1,500.00 (10 days) x \$150.00

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 7.45

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\$ 7,857.45

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 7,857.45

Name 1:

GUAN HIN MOTOR WORKSHOP

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-