

15/5/2010

INS. CASE OWNER:

CC /AIG1802

LKK:

IDAC:

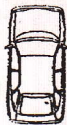
Survivor:

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. :

(V/L: YES / NO)

Claim No. :

Policy No. :

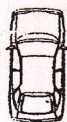
Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No

INSRS:
WSP:
Tel :
Liability :
RMKS:Alfred
autoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
14/11/18	Yp 4147x - x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	15/01/19 - via
15/01/19	FILE REQUIRING. OLD EXTING CLP. TP DRIVING STRAIGHT ON MAIN WAY. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCB REVERS.	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
15/01/19	John P 1P 4147-75 nit 5 days of work	Final Repair Bill:	☒
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
16/01/19	FINISHED. TP LOD IN BY GMAIL. SEND SET OFFER TO TP. DU IN TP ACCEPTED OFFER. ALL GOOD IN ORDER TO CLOSE.	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\$ 4,147.75	5 days) Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/01/19	Confirm with: ALFRED	Email ☐ Call ☒
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,147.75		COLD FROM MINOR ROAD)
Loss of Rental (LOR):	S\$ - (days)		CAR RENT
Loss of Use (LOU):	S\$ 1,000.00 x 7 days)		
Loss of Income (LOI):	S\$ - (S x days)		TP WILL CANNOT CHARGE IF AVAILABLE
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ -		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/Independent)		
Legal Cost	S\$ -		
Total:	S\$ 5,197.75	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 5,197.75	Name 1: ALFRED AUTO SERVICES AND SUPPLIES	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	

URGENT