

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1802

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 : \$

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
	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:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: L/S \$S 4,800.00 (3 days) Reduction: 83 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 19.04.21 Confirm with: WAI YIN	Email ☐ Call ☐	
Final Liability: 100 % 20 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair/GST : \$5,136.00 \$S 1,027.20		
Loss of Rental (LO) \$496.60 \$S 99.32 (5 days) X \$99.32		
Loss of Use (LOU): - \$S - (\$ x days)		
Loss of Income (LOI): \$250 \$S 50.00 (\$ 50 x 5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search \$7.49 \$S 7.49		
Medical: - \$S -	1) Claim status: Normal/Reject/Make Some	
Disbursement: - \$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost - \$S -	3) Survey fee: \$320	
Total: \$5,890.09 \$S 1,184.01 Global Sum \$S: 1,200.00		
FINAL PAYMENT Date/Time: 19.04.21 Confirm with: WAI YIN	Email ☐ Call ☐	
Payee 1: \$S 1,200.00 Name 1: TRANS-CAB AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		