

INS. CASE OWNER:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SPP 44070

Claim No. : SNM19D201061/TAYHP

Name of Insured :

Policy No. :

Insured Tel No. : HP: 157119

Make / Model :

Excess Sec II :SS D.O.A: 15/1/19

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKA 8162 C

INSRS:
WSP: Ng Seng Nam
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:		

25/09/2020

TP PASS LAWYER
SUBMIT REPORT TO CTI

PRELIMINARY ADVICE		Date/Time:	Sent By:			
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	L/S	S\$ 4,200.00	(6 days)	Reduction: 33.28 %	Email	Call
FINAL SETTLEMENT		Date/Time:	Confirm with		Email Call	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :				If NO or B 28, Ass. Lia :
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI
		[Tick only one]				
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$					
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT		Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

1) Claim status: Normal/Reject/Private Settle WP

2) Report Format:

3) Survey fee: \$350.00