

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 1825, Uhhh

LKK:
IDAC:

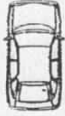
Surveyor: marcus

DOI: 28/1/19

Date / Time : 28/1/19
Registered in Merimen: 28/1/19

Pre-assign / CCU / FTE

skw 5138C



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 8/1/18

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

FBK 2097U



INSRS:
WSP: BKH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE/ PIC |
|--|---|--|
| <u>FBK 2097U - X</u> | Non-Reporting ltr (1st): | |
| <u>skw 5138C - Y</u> | 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 type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | Repair Cost: S\$ _____ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | 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 + LO <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ _____ | | |
| Medical: S\$ _____ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | | 2) Report Format: |
| Legal Cost S\$ _____ | | 3) Survey fee: |
| Total: S\$ _____ Global Sum S\$: _____ | | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | Payee 1: S\$ _____ Name 1: _____ | |
| | Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | |
| | Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | |

