

15/5/2010

INS. CASE OWNER:

CC 4/LPC1900

LKK:

IDAC:

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\$

D.O.A :

Is driver the owner?

(YES / NO)

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

Date/ Time		STAGE	DATE / PIC
GBN 80489		Non-Reporting ltr (1st):	
SKS 3957P		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: Confirm by:			
Repair Cost: S\$		(days) Reduction: %	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\$		(S x days)	
Loss of Income (LOI): S\$		(S x days)	
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\$		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:	

