

INS. CASE OWNER:

CC3 / AXA1600

9524, Khg3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

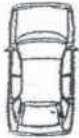
23/5/16

Date / Time:

23/5/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 7686A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 20/5/16

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

81D9996B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
81D9996B-X	Non-Reporting ltr (1st):	
SKR 7686A-X	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$ ( days) Reduction:	% Confirm by:
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
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 <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:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

