

INS. CASE OWNER:

CC 4/QBE 1900

2017 / Khaz

LKK:

IDAC:

Surveyor:

KSL

DOI:

13/2/19

Date / Time :

12/02/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 62 6432 C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 10/2/19

Place of Accident : _____

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

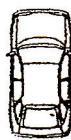
If NO, Driver Name / Age : _____

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

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

Insured Liability : % Final ? Yes / No

SGA 2832P



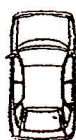
INSRS:

WSP: churham

Tel: _____

Liability: _____

RMKS: _____



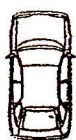
INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



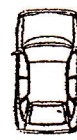
INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SGA 2832P - CUB / AXA 13 018 965 / KVIY3 C3 ; D.O.A: 8/1/13	Non-Reporting ltr (1st):	
	62 6432 C - 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)	
		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: 49 S\$ 2,100.00 (4 days) Reduction: 61 % 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 ☐ LOU only ☐ LOR + LOU ☐ 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: _____

"NO SETTLEMENT"
GIB WILL HANDLE
SETTLEMENT

1) Claim status: Normal/Reject/Private Settle
2) Report Format: WP REPORT
3) Survey fee: \$400.00