

15/9/2010

INS. CASE OWNER:

*Uphoria*

*CCP AXA 1900 3579, 5 ph3*

LKK:  
IDAC:

Surveyor:

*STEVE*

DOI:

*2/2/10*

Date / Time:

*20/1/10*

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

*SMF 5362L*

Claim No. :

*SAMOLET / 1000825*

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

*16/1/10*

Place of Accident :

Is driver the owner? ( YES / NO )

Nature 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

*59 10520*



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:

*60 ahead*



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>59 10520</i>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: SS	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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: SS		
Loss of Rental (LOR): SS	( days)	
Loss of Use (LOU): SS	( \$ x days)	
Loss of Income (LOI): SS	( \$ 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	SS	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS (e.g. Tow/ Independent )	2) Report Format:
Legal Cost	SS	3) Survey fee:
<b>Total:</b>	SS	<b>Global Sum S\$:</b>
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

