

15/5/2010

INS. CASE OWNER:

CC 4/AIG1900 4540, KEB3

LKK:
IDAC:

Surveyor: KSC

DOI: 15/7/10

Date / Time : 17/7/10
Registered in Merimen: 17/7/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 8262C
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$S _____ D.O.A : 9/2/10
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

GBH 1379R → SKS 8262C → SKM 15254 → SKW 71584



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS: Team
WSP: Auto
Tel : pro
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE/PIC
	Non-Reporting ltr (1st):	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	L/S \$S 13,200 (12 days) Reduction: 50 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 17/3/2020 Confirm with ADEL Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	\$S 13,200.00	4 vehicle chain collision, OI 3rd vehicle.
Loss of Rental (LOR):	\$S 900 (9 days) x \$100	
Loss of Use (LOU):	\$S 180 (\$ 60 x 3 days)	
Loss of Income (LOI):	\$S - (\$ - x - days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S -	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	1) Claim status: Normal/ _____
Legal Cost	\$S -	2) Report Format: TP
		3) Survey fee: \$320
Total:	\$S 14,280.00	Global Sum \$S: 14,000
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S 14,000	Name 1: Team Autopro Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

