

INSURANCE

INS. CASE OWNER

Surveyor

Pre-assign / CCU / FTR



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II : SS

Is driver the owner?

IF NO, Driver Name / Age : LAI Bee Peng (Lai Maping)

Driver Tel No. :

DOI

ASSIGNMENT

Date / Time :

Registered in Mainland

Claim No.

Policy No.

Make / Model :

Place of Accident :

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	STATE	DATE / TIME
24/6/19	Called 02 to inform TP claim	
08/07/19	TP report for insurance approval	
08/08/19	TP report sent	
14/5/20	pending signed of.	
6/7/2020	settled & closed.	

PR/ELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	08/07/19	UIC		
Repair Cost:	S\$ 4,400.00	(6 days) Reduction	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/01/2020	Confirm with: MS WONG		Email ☒ Call ☐
Final Liability:	% 100	(Assessed) BOLA S/N No:	27	
Repair Cost:	S\$ 4,400.00			
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 20.00	(S60 x 7 days)		
Loss of Income (LOI):	S\$ -	(S x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐				
Global Search	S\$ 7.45			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		
Legal Cost	S\$ -			
Total:	S\$ 5,130.45	Global Sum S\$:	5,100.00	
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S\$ 5,100.00	Name 1:	MS SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:		
Payee 3: (Strike if N.A.)	S\$ -	Name 3:		

Documentation Check List	Handled	Typed
Notification by tel non pickup		
After call to tel		
Authorization to Act		
Release Voucher		
Final Repair Bill		
Car Rental Invoice		
Towing Invoice		
LIA / OIA		
Medical Bill		
PR		
Mandate/Reject Instruction		
LOD		
Payment Breakdown Form		
Post-Repair Photos		
Others		

1) Claim status: Normal / Reject / Private Settle

2) Report Form: TP

3) Survey fee: \$400.00