

INS. CASE OWNER:

CC 3/601 1900 5126 / Kpa3

LKK: IDAC:

Surveyor:

KSL

DOI:

2013/19

Date / Time:

20/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 9233A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 1613/19

Make / Model :

Excess Sec II :SS D.O.A :

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

SHD 264P



INRS: WSP: Trans-cab Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:



INRS: 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:	
24/04/2020	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:	Confirm by:	
Repair Cost: L/sum S\$ 250.00 (1 days) Reduction: 99 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 24/04/2020 Confirm with Jasmine	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost w/GST S\$ 267.50		
Loss of Rental (LOR): S\$ 148.70 (1.5 days) x\$99.13		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ 75.00 (\$ 50 x 1.5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$	1) Claim status: Normal/ Normal/Driver's Cable	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$	3) Survey fee: \$400.00	
Total: S\$ 498.65 Global Sum S\$: 490.00		
FINAL PAYMENT Date/Time: Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 490.00 Name 1: Trans-cab Auto Services Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		