

15/5/2010

INS. CASE OWNER: CHAN KAM WENG

CC 4 /AIG1900

LKK:

IDAC:

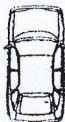
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

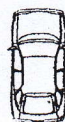
Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



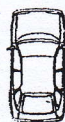
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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: 18/07/19 - UK

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act (NOTA)

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:

\$S 700.00

(1 days) Reduction:

34 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) EOLA S/N No.:

15

If NO or B 28, Ass. Lia:

COI CHANGED NAME

Repair Cost:

(\$/695) \$S 749.00

Loss of Rental (LOR):

(\$S)

-

(days)

Loss of Use (LOU):

(\$S)

250.00

(\$250 x 1 days)

Loss of Income (LOI):

(\$S)

-

(\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

(\$S)

2.00

Medical:

(\$S)

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

(\$S)

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

(\$S)

-

3) Survey fee:

\$320.00

Total:

(\$S)

1,001.00

Global Sum \$S:

1,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

(\$S)

1,000.00

Name 1:

WTS ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

(\$S)

-

Name 2:

-

Payee 3: (Strike if N.A.)

(\$S)

-

Name 3:

-