

IDAC:

Date / Time :

Registered in Merimex.

SHC 2194 A



Claim No. :

Policy No. : \_\_\_\_\_

Make / Model :

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Automobile		
7. Marine		
8. Aviation		
9. Umbrella		
10. Other		

FBN 2520 E



INSRS:  
WSP: *Enofra*  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Reject Case	
By (staff)	: <u>Hào Tung</u>
Approved by :	<u>Yes</u>
Date	: <u>26-05-20</u>

<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 2000.00	( 4 days) Reduction: 2949.90 % 60	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:	%	0	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(	days)	
Loss of Use (LOU):	S\$	(\$	x days)	
Loss of Income (LOI):	S\$	(\$	x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$		(e.g. Tow/ Independent )	2) Report Format: REJECT
Legal Cost	S\$			3) Survey fee: \$250.00
Total:	S\$		Global Sum S\$:	
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$		Name 1:	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	