

INS. CASE OWNER:

CC 3 /AIG1900 10029, Feb 23

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 :SS

Is driver the owner?

(YES / NO)

Nature 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
100	100 / 0
90	90 / 10
80	80 / 20
70	70 / 30
60	60 / 40
50	50 / 50
40	40 / 60
30	30 / 70
20	20 / 80
10	10 / 90
0	0 / 100

SHF 303A



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STP 707A - X		SUP 9855B - X		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)	☐ ☐
					After call ltr to OI:	☐ ☐
					Authorisation To Act:	☐ ☐
					Release Voucher:	☐ ☐
					Final Repair Bill:	☐ ☐
					Car Rental Invoice:	☐ ☐
					Towing Invoice	☐ ☐
					LTA / GIA :	☐ ☐
					Medical Bill:	☐ ☐
					PIR:	☐ ☐
					Mandate/Reject Instruction:	☐ ☐
					LOD	☐ ☐
					Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		☐ ☐
				Others:		☐ ☐
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$	(	days) Reduction:	%	Email	☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with		Email		☐ Cal ☐
Final Liability:	%	(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 ☐ LOU only ☐		LOR + LOU ☐	LOR + LO ☐	[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:
Legal Cost	S\$					3) Survey fee:
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email		☐ Cal ☐
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

