

15/5/2010

INS. CASE OWNER:

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?

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

(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:	
	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:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	\$S 10,823.22	(7 days) Reduction: 23.65 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 07/07/2020	Confirm with: MARFADEI	Email ☒ Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 33 NIL.	If NO or B 28, Ass. Lia :
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Repair Cost: (w/ght)	\$S 11,045.85		
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Loss of Rental (LOR):	\$S 2,160.00	(12 days) x \$ 180.00	
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Loss of Use (LOU):	\$S -	(\$ x days)	
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Loss of Income (LOI):	\$S -	(\$ x days)	
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LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]
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GIA/LTA Search	\$S 2.00		
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Medical:	\$S -		
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Disbursement:	\$S -	(e.g. Tow/ Independent)	
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Legal Cost	\$S -		
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Total:	\$S 13,207.85	Global Sum \$S: 12,800.00	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S 12,800.00	Name 1: K KIM HIN AUTO PTE LTD	
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Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
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Payee 3: (Strike if N.A.)	\$S -	Name 3: -	
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