

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

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

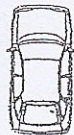
TP GIA REPORT:

YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

Yew Tee

to



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SJT 59840 - 11/17/19 19011833/44 : DOA: 28/6/19
 SLZ 95935, 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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: NV

S\$ 2500.00

(days)

Reduction: 86. %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 17/11/21

Confirm with: SJYI

Email ☐ Call ☐

Final Liability:

100 %

(Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia: 0%

Repair Cost: Total Loss

S\$ 2500.00

OZD involved in 5C.C

OZD is the 4th veh.

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

600.00 (\$ 60 x 10 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐

S\$

LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$ 3100.00

Global Sum S\$: 3000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3000.00

Name 1:

Yew Tee Automobile Tech Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

