

INS. CASE OWNER:

Surveyor: **STEVE** DOI: **13/08/2019** Date / Time: **13/08/2019**
 Registered in Merimen: **-**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBJ 5951X** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : **09/08/2019** 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

SHB 706S

INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 706S - CC4/EGI19012802/Eka3 : DOA : 16/07/2019	Non-Reporting ltr (1st):	
	- NS/INC16006721/K1qbn2 : DOA : 09/04/2016	Non-Reporting ltr (2nd):	
	- NS/INC16012771/K1qbc2 : DOA : 07/07/2016	Non-Reporting ltr (Final):	
	- CC4/AXA15012402/K1ya3s2 : DOA : 20/7/15	Notification ltr (if non-pickup):	
	GBJ 5951X - X	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 4,129.69 (3 days) Reduction: 2,339.51/36%

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/9/2020 Confirm with LEE GEK

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 29

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,129.69

NO OI GIA. OI IN JAIL. CTI APPROVED TO SETTLE

Loss of Rental (LOR): S\$ 580.50 (5 days) X \$116.10

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 250.00 (\$ 50 x 5 days)

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

GIA/LTA Search S\$ 7.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$ 400

Total: S\$ 4,967.19 Global Sum S\$: 4,960.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 4,960.00 Name 1: SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

