

INS. CASE OWNER: **GO Sashe**

CC4/ASM19015401/T1ga3

LKK: IDAC: **134548**

Surveyor: **TAUFIKH**

DOI: **04/09/2019**

Date / Time : **30/08/2019**

Registered in Merimen: _____

bx

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKU 8468R**
 Name of Insured : **PEH KENG HWEE**
 Insured Tel No. : _____ HP: **+65-81639661**
Excess Sec II :S\$ _____ D.O.A : **28/08/2019 09:45**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **S9M01YQC**
 Policy No. : **VPA/P2253087**
 Make / Model : **TOYOTA PRIUS PLUS-1.8 (A)**
 Place of Accident : **JUNCTION OF MOHAMAD SULTAN ROAD / MARTIN ROAD**

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**

SKT 4002H



INSRS:
WSP: **VANTAGE**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKT 4002H - X	SKU 8468R - 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)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: S\$	(days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with		Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <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\$			
Disbursement:	S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format:	
Total: S\$	Global Sum S\$:		3) Survey fee:	
FINAL PAYMENT 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:		

