

INS. CASE OWNER:

CC4/EQI19021173/Aga3

LKK:

IDAC:

Surveyor: **ADRIAN**DOI: **02/12/2019**Date / Time : **29.11.2019**Registered in Merimen: **—**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBJ 1732M**Claim No. : **DM19HO03135/JG**Name of Insured : **BEVEGLASS CONSTRUCTION PTE LTD**Policy No. : **DMCPHQ19-000583**Insured Tel No. : **HP: —**Make / Model : **NISSAN NV200**

Excess Sec II : S\$

D.O.A : **24/11/2019 15:30**Place of Accident : **KAKI BUKIT AVE 1**Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : **ZHAO BIZHEN**OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : **+65-96181138**(V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No****GBF 2753S**INSRS: **WSP: KAI MOTOR**

Tel :

Liability :

RMKS:

INSRS: **WSP:**

Tel :

Liability :

RMKS:

INSRS: **WSP:**

Tel :

Liability :

RMKS:

INSRS: **WSP:**

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
GBF 2753S	Non-Reporting ltr (1st):	
GBJ 1732M	Non-Reporting ltr (2nd):	
NA/AIG19020803/z4; DOA: 24.11.19	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
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:	

