

15/5/2010

INS. CASE OWNER:

CC 4 / FCI190

LKK:

IDAC:

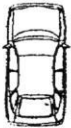
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :\$

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 :

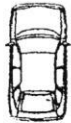
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



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:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: S\$ 2500.00 (4 days) Reduction: 62 %		Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 31/8/2020 Confirm with Ms Wong		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 15		If NO or B 28, Ass. Lia :	
Repair Cost: (w/451) S\$ 2675.00			
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 320.00 (\$ 120 x 6 days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search S\$ 29.00			
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$350	
Total: S\$ 3424.00		Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1: S\$ 3424.00		Email ☐ Call ☐	
Payee 2: (Strike if N.A.) S\$		Name 1: M4 Solution Pte Ltd	
Payee 3: (Strike if N.A.) S\$		Name 2:	
		Name 3:	