

15/5/2010

INS. CASE OWNER:

LKK:

CIDAC:

Surveyor:

Kenneth

DOI:

1/3/16

Date / Time:

1/3/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 4222

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

1/3/16

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

SHB9644C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB9644C-CC3/AXA16004071/Kea3q2-1 SKD 4222-X	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: Confirm by: KSC		
FINALIZATION Date/Time: Confirm with: Confirm by: KSC		
Repair Cost: P/P S\$ 9,139.24 (5 days) Reduction: 90 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 31.03.21 Confirm with: WAI YIN Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia:		
Repair Cost: w/GST S\$ 9,778.99		
Loss of Rental (LOR): S\$ 928.76 (7 days) X \$132.68		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 350.00 (\$ 50 x 7 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search S\$ 6.00		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 11,063.75 Global Sum S\$ 11,060.00		
FINAL PAYMENT Date/Time: 31.03.21 Confirm with: WAI YIN Email ☐ Call ☐		
Payee 1: S\$ 11,060.00 Name 1: TRANS-CAB AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

1) Claim status: Normal ~~Project/Dispute/Scare~~
 2) Report Format: TP
 3) Survey fee: \$350 - \$250 = \$100