

15/5/2010

INS. CASE OWNER:

Ahmad Syaza

CC3 /AIG150 19092 / Kheg3

LKK:

IDAC:

Surveyor:

Kenneth Kong

DOI:

9/11/15

Date / Time :

9/11/15

Registered in Merimen:

9/11/15

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJP 7759 X

Claim No. :

286021408486

Name of Insured :

Kakichelvan Salaya

Policy No. :

2100296338

Insured Tel No. :

HP: 98345685

Make / Model :

Honda Stream

Excess Sec II :SS

D.O.A : 9/11/15

Place of Accident :

Serangoon Road

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

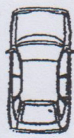
OI GIA REPORT YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 9436B



INSRS:

WSP: Trans-cab

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

16/11
VICSHD9436B - CC3/11115012434/Kha 302 Doh 27/11/15
SJP 7759X - 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)

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:

Confirm by:

Repair Cost:

L/S

S\$ 1,600.00

(2

days)

Reduction:

86

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

80

(Agreed / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

-

(COMPLETING VERSIONS)

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$320.00

Total:

S\$

-

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: