

INS. CASE OWNER:

CC3/CTI20010006/Kds3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

16/09/2020

Date / Time :

17/09/2020

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No. : SLH 1671Y

Claim No. :

Name of Insured : CHEE HOE HOCK MARK

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 14/09/2020

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

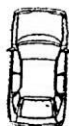
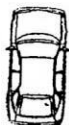
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 9567G

INSRS:  
WSP: TRANS-CAB  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	STAGE	DATE / PIC
	SHD 9567G : X	
	SLH 1671Y : NA/CTI20009895/h4 ; DOA : 14/09/2020	
06/04/2021	PLEASE REFER TO VIEWS FOR DETAILS *REJECT CASE AS PER CTI INSTRUCTION	
	Notification ltr (1st):	
	Notification ltr (2nd):	
	Notification 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:

P/P

S\$ 2,707.85

( 3

days' Reduction: 79

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

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 ☐ LOU only ☐LOR + LOU ☐LOR + LC ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

1) Claim status: Normal/Reject/Rebate/Other

2) Report Format: TP

3) Survey fee: 400.00

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: