

INS. CASE OWNER:

ASSIGNMENTSurveyor: RASUL

DOI: _____

Date / Time : 19/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YL 225JClaim No. : D21001261MFCV

Name of Insured : _____

Policy No. : D-20095987MFCV

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : 17/04/2021 07:55Place of Accident : Jurong Island Hwy, Singapore

Is driver the owner? (YES / NO) Nature of Accident : _____

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SHC 578P**INSRS:
WSP: DING
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 578P - CC3/AIG10022472/Da2f2k2 ; 29.10.2010	Non-Reporting ltr (1st):	
YL 225J - X	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: <u>L/SUM</u> S\$ <u>4,650.00</u> (<u>5</u> days) Reduction: <u>70</u> %	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 + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ _____	1) Claim status: Normal/Reject/Prime/Scrub	
Medical: S\$ _____	2) Report Format: <u>TP</u>	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	3) Survey fee: <u>600.00 \$407</u>	
Legal Cost S\$ _____	<u>\$170 + \$75 + \$62 + \$50 + \$50</u>	
Total: S\$ _____ Global Sum S\$: _____	Email ☐ Call ☐	
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		