

Proposed sample new CRIS layout

UserForm2

IP No.200300082

Claim No.SB021839/001

Bus Service No.94

Vehicle No.SB51234A

Accident Date01/01/2013

Accident Time

OrganizationSBST

Accident Image

Go to Incident Details

Accident

Claim

3rd Party

Notes

Tasks

Finance

Transactions

Accident Details

Reported Date01/01/2013

Facts

Damages

Initial Findings

Date of Finding01/01/2013

Invest. Status

Results

BOI Results

Final Liability

Duty IO

Vehicle

Vehicle No.SB51234A

Make

Model

Driver

Employee No.

Surname

Given Name

NRIC No.

Birth Date01/01/2013

Gender

Mobile No.

Date Joined01/01/2013

Process

Initial Estimate

Insurer Claim?

Mandate Reqd?

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IP No. 200300082 Claim No. SB021839/001 Bus Service No. 94
Vehicle No. SBS1234A Accident Date 01/01/2013 Accident Time
Organization GST Accident Image [Go to Incident Details](#)

Accident Claim 3rd Party Notes Tasks Finance Transactions

Claim Type Property Claim Date 01/01/2013 Claim Officer
Final Settle Date 01/01/2013 Claim Status ☒ I ☐ C ☐ F TimeBar Date
Case Category Case Status Driver's Liability ☐ Global Sum Settlement

Claim Amount / Payout

Claim Amount Paid to Date Balance LOG
LOG Amount LOU Rate LOU Days

Insurer Matters

Report sent to Insurer 01/01/2013 Referred to Insurers 01/01/2013 Inform Insurer of Settlement 01/01/2013
Excess Recovered Date 01/01/2013

Severity

Writ Issued 01/01/2013 Writ No. Sensitive Case
MP Letter 01/01/2013

Record Creation

Created by Created Date 01/01/2013
Reopened Date 01/01/2013 Late/Reopened

Deletion of Record

Record Deletion Date 01/01/2013 Record Deletion Reason

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IP No. Claim No. Bus Service No.
Vehicle No. Accident Date Accident Time
Organization Accident Image [Go to Incident Details](#)

Accident | Claim | 3rd Party | Notes | Tasks | Finance | Transactions

Other Parties

New Other Party

Other Party Type Company Name Date Appointed Vehicle No. Surname Given Name NRIC No.

Other Party Type
Company Name
Reference Date Appointed Vehicle Number
Surname Given Name NRIC No.
Address line 1
Address line 2
Country Post Code
Office No. Mobile No. Fax No.
Email Address

Payments

Paid this Year Paid to Date
Recov. this Year Recov. to Date

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[Go to Incident Details](#)[Accident](#) [Claim](#) [3rd Party](#) [Notes](#) [Tasks](#) [Finance](#) [Transactions](#)

New Note

Note Date	Note Code	Image Code	Image-ID	Description
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Note Code

Description

Note Date

Note Time

Image Code

Image-ID

☐ Click to
attach file

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Accident Claim 3rd Party Notes Tasks Finance Transactions

New Task

Task No.	Task Type	Task Assigned To	Prompt Details	Action	Action Due	Closed Date	Modified Date
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Task No.

Task Type

Task Assigned To

Prompt Details

Action Due

Closed Date

Modified Date

Action

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	Paid	Outstanding	Incurred
Own Vehicle Repair			
Investigator / Survey			
3rd Party Property			
3rd Party Personal Injury			
Our Solicitor Cost			
Our Professional Experts			
3rd Party Legal Costs			
Disbursements			
Other Expenses			
Total Ground Up Expenses			

	Received	Outstanding	Total Recovery
3rd Party Recovery			
Other Recoveries			

Investigator / Survey	Paid
Survey Fees	
Reinspection Fees	
Pte Investigation Fees	

3rd Party Property	Paid
3rd Loss of Use Paid	
3rd Cost of Repair Paid	
3rd Loss of Rental Paid	

3rd Party Personal Injury	Paid
3rd Party Damages Paid	
3rd Medical Expenses Paid	
3rd Party Future Medical Expenses Paid	
3rd Party Loss of Earning Capacity Paid	
3rd Party Loss of Earning Paid	
3rd Party Loss of Future Earnings Paid	
3rd Party LOG Medical Expenses Paid	
3rd Party Medical Report Fees Paid	

Other Expenses	Paid
Interest Paid	
Miscellaneous Fees Paid	
Public Trustee Fee Paid	

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Transaction

Transaction Date	Expense Item	Amount Paid	Creditor Name	Username	Accounting Year	Authorized by	Authorized Date	Authorized Time
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Transaction Date

Authorized by

Transaction Type

Authorized Date

Creditor Name

Authorized Time

Expense Code

Processed Date

Amount Paid