

Accident Tab

| | | | |
|-----------------------------|--|---|--|
| Header | | | |
| IP No. | [Text Box] | Claim No. | [Text Box] |
| Accident Date | [Text Box] | Accident Time | [Text Box] |
| Vehicle No. | [Text Box] | Organization | [Text Box] |
| Claim Accident Entry | | | |
| IP No. | [Text Box] | Claim No. | [Text Box] |
| Accident Date | [Text Box] | Accident Time | [Text Box] |
| Organization | [Text Box] | <input type="radio"/> AM <input type="radio"/> PM | File Received Date [Text Box] |
| CDGE Operations Information | | | |
| Invoice No | [Text Box] | Invoice Date | [Text Box] |
| Business Area | [Text Box] | Customer Code | [Text Box] |
| Job No | [Text Box] | [+ -] | |
| Accident Details | | | |
| Reported Date | 01/01/2013 | Accident Location | [Text Box] |
| Recoverable(Claims) | <input type="radio"/> Yes <input type="radio"/> No | Any Recovery Claim | <input type="radio"/> Yes <input type="radio"/> No |
| Client | | | |
| Client's Name: | [Text Box] | | |
| Client's NRIC/PP No: | [Text Box] | Client's DOB: | [Text Box] |
| Client's Gender: | [Text Box] | | |
| Client's Address1: | [Text Box] | | |
| Client's Address2: | [Text Box] | | |
| Client's Address3: | [Text Box] | | |
| City | [Text Box] | State | [Text Box] |
| Country | [Text Box] | Postal Code | [Text Box] |
| Client's Contact No: | [Text Box] | Client's Email: | [Text Box] |
| Vehicle Regn No: | [Text Box] | Vehicle Make: | [Text Box] |
| Vehicle Model: | [Text Box] | | |

Claims Tab

| | | | |
|-------------------------------|---------------------------------|-----------------------------|---------------------------------|
| 3rd Party Information [+ -] | | | |
| 3rd Party's Name: | <input type="text"/> | | |
| 3rd Party's NRIC/PP No: | <input type="text"/> | 3rd Party's DOB: | <input type="text"/> |
| 3rd Party's Address1: | <input type="text"/> | | |
| 3rd Party's Address2: | <input type="text"/> | | |
| 3rd Party's Address3: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Country: | <input type="text"/> | Postal Code: | <input type="text"/> |
| 3rd Party's Contact No: | <input type="text"/> | 3rd Party's Email: | <input type="text"/> |
| Vehicle Regn No: | <input type="text"/> | Vehicle Make: | <input type="text"/> |
| Vehicle Model: | <input type="text"/> | | |
| Claim Information [+ -] | | | |
| Claim Type: | <input type="text"/> | Record No: | <input type="text"/> |
| Claim Date: | <input type="text"/> | Claims Officer: | <input type="text"/> |
| Accident Cause: | <input type="text"/> | Case Category: | <input type="text"/> |
| Nature: | <input type="text"/> | Claimant Status: | <input type="text"/> |
| Share Allocation: | <input type="text"/> | BOLA Scenarios: | <input type="text"/> |
| Timebar Date: | <input type="text"/> | Driver's Liability: | <input type="text"/> |
| Case Status: | <input type="text"/> | Final Settle Date: | <input type="text"/> |
| Confirmed Amount: | <input type="text"/> | | |
| Contactor's Information [+ -] | | | |
| Contractor Invoice No: | <input type="text"/> | WSO No: | <input type="text"/> |
| WSO Invoice Amt: | <input type="text"/> | WSO CN Amt: | <input type="text"/> |
| WSO CN No: | <input type="text"/> | | |
| Severity [+ -] | | | |
| Writ Issued: | <input type="text"/> 01/01/2013 | Writ No.: | <input type="text"/> |
| Sensitive Case: | <input type="text"/> | | |
| Record Creation [+ -] | | | |
| Created by: | <input type="text"/> | Created Date: | <input type="text"/> 01/01/2013 |
| Reopened Date: | <input type="text"/> 01/01/2013 | Record Reopened Reason: | <input type="text"/> |
| Cancellation of Record [+ -] | | | |
| Record Cancellation Date: | <input type="text"/> 01/01/2013 | Record Cancellation Reason: | <input type="text"/> |

Service Provider - Insurer

| | | | |
|---------------------------|----------------------|----------------------|-------------------------------------|
| Insurer | | | |
| Company Name | <input type="text"/> | | |
| Address1 | <input type="text"/> | | |
| Address2 | <input type="text"/> | | |
| Address3 | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| Country | <input type="text"/> | Postal Code | <input type="text"/> |
| Reference No | <input type="text"/> | | |
| 1st Contact Person's Name | <input type="text"/> | | |
| Email Address | <input type="text"/> | Office No. | <input type="text"/> |
| 2nd Contact Person's Name | <input type="text"/> | | |
| Email Address | <input type="text"/> | Office No. | <input type="text"/> |
| Insurer Type | <input type="text"/> | Status | <input type="text"/> |
| | Effective to | <input type="text"/> | Effective from <input type="text"/> |
| Remarks | <input type="text"/> | | |

Service Provider - Workshop

| | | | |
|---------------------------|----------------------|----------------------|-------------------------------------|
| Workshop | | | |
| Company Name | <input type="text"/> | | |
| Address1 | <input type="text"/> | | |
| Address2 | <input type="text"/> | | |
| Address3 | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| Country | <input type="text"/> | Postal Code | <input type="text"/> |
| Reference No | <input type="text"/> | | |
| 1st Contact Person's Name | <input type="text"/> | | |
| Email Address | <input type="text"/> | Office No. | <input type="text"/> |
| 2nd Contact Person's Name | <input type="text"/> | | |
| Email Address | <input type="text"/> | Office No. | <input type="text"/> |
| Workshop Type | <input type="text"/> | Status | <input type="text"/> |
| | Effective to | <input type="text"/> | Effective from <input type="text"/> |
| Remarks | <input type="text"/> | | |

Service Provider - Lawyer

Lawyer

| | | | |
|---------------------------|--|--------------|--|
| Company Name | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| City | | State | |
| Country | | Postal Code | |
| Reference No | | | |
| 1st Contact Person's Name | | | |
| Email Address | | Office No. | |
| 2nd Contact Person's Name | | | |
| Email Address | | Office No. | |
| Law Firm Type | | Status | |
| | | Effective to | |
| Remarks | | | |

Service Provider - Surveyor

Surveyor

| | | | |
|---------------------------|--|--------------|--|
| Company Name | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| City | | State | |
| Country | | Postal Code | |
| Reference No | | | |
| 1st Contact Person's Name | | | |
| Email Address | | Office No. | |
| 2nd Contact Person's Name | | | |
| Email Address | | Office No. | |
| Surveyor Type | | Status | |
| | | Effective to | |
| Remarks | | | |

Service Provider - Contractor

| | |
|---------------------------|--|
| Contractor | |
| Company Name | <input type="text"/> |
| Address1 | <input type="text"/> |
| Address2 | <input type="text"/> |
| Address3 | <input type="text"/> |
| City | <input type="text"/> |
| Country | <input type="button" value="▼"/> |
| Reference No | <input type="text"/> |
| Contractor Invoice No | <input type="text"/> |
| 1st Contact Person's Name | <input type="text"/> |
| Email Address | <input type="text"/> |
| 2nd Contact Person's Name | <input type="text"/> |
| Email Address | <input type="text"/> |
| Contractor Type | <input type="button" value="▼"/> Status <input type="button" value="▼"/> Effective to <input type="text"/> Effective from <input type="text"/> |
| Remarks | <input type="text"/> |

Notes

| | |
|-----------|----------------------|
| Notes | |
| Note Date | <input type="text"/> |
| Note Time | <input type="text"/> |
| Remarks | <input type="text"/> |

Task

| | |
|----------------|----------------------|
| Task | |
| Task No. | <input type="text"/> |
| Closed Date | <input type="text"/> |
| Action Due | <input type="text"/> |
| Modified Date | <input type="text"/> |
| Prompt Details | <input type="text"/> |
| Remarks | <input type="text"/> |

Reserve

Input selection includes entries from 3rd Party /Own Insurer (Service Provider Tab), workshop (Service Provider Tab), client (Accident Tab), 3rd Party (Claims Tab)

Recovery Claim Reserve Breakdown

| 3rd Party's Name | | | | | | | | | |
|----------------------|--|-----------------|----------|----------------------------------|-----------------------|-------|----|-------|-------|
| | | Initial Reserve | Movement | Current Reserve | | | | | |
| Cost of Repairs | | Cost of Repairs | 2A | 3A | 4A | [+ -] | | | |
| Uninsured Losses | | No. of days | 2F | @ 2G per day | Loss of Use | 2B | 3B | 4B | [+ -] |
| | | No. of days | 2H | @ 2I per day | Rental Vehicle | 2C | 3C | 4C | |
| | | No. of days | 2J | @ 2K per day | Loss of Rental Excess | 2D | 3D | 4D | |
| | | | | | 2E | 3E | 4E | | |
| Report Fees | | | | Survey Report Fee | 2L | 3L | 4L | [+ -] | |
| | | | | Reinspection Report Fee | 2M | 3M | 4M | | |
| | | | | LTA/GIA/Police Report Fee | 2N | 3N | 4N | | |
| 3rd Party Legal Fees | | | | 3rd Party Lawyer's Cost | 2O | 3O | 4O | [+ -] | |
| | | | | 3rd Party Lawyer's Disbursements | 2P | 3P | 4P | | |
| Our Legal Fees | | | | Our Lawyer's Cost | 2Q | 3Q | 4Q | [+ -] | |
| | | | | Our Lawyer's Disbursements | 2R | 3R | 4R | | |
| Other Expenses | | | | Other Expenses | 2S | 3S | 4S | [+ -] | |
| | | | | Medical Expenses | 2T | 3T | 4T | | |
| | | Total | 2U | | 3U | | 4U | | |

Note:

$$2B = 2F * 2G$$

$$2C = 2H * 2I$$

$$2D = 2J * 2K$$

$$2U = 2B + 2C + 2D + 2E + 2L + 2M + 2N + 2O + 2P + 2Q + 2R + 2S + 2T$$

$$2V = 2A + 2U$$

Mandate

Mandate for Recovery Claim Settlement

Assigned To

Scenario

Evidence

CCTV Witness Statement Scene Pics

Related Facts

CO's Assessment

Supervisor Mandate for Recovery Claim

Assigned To

Approve Recommendations? Yes No

Supervisor's Remark

| 3rd Party's Name | | Claim Quantum | | 3rd Party's Counter Offer | Our Previous Offer | CO's Recommendations | Supervisor's Mandate | |
|----------------------|--|----------------------------------|--------------|---------------------------|--------------------|----------------------|----------------------|-------|
| Cost of Repairs | | Cost of Repairs | 2A | 3A | 4A | A1 | [+ -] | |
| Uninsured Losses | | No. of days 2F | @ 2G per day | Loss of Use 2B | 3B | 4B | B1 | [+ -] |
| | | No. of days 2H | @ 2I per day | Rental Vehicle 2C | 3C | 4C | C1 | |
| | | No. of days 2J | @ 2K per day | Loss of Rental 2D | 3D | 4D | D1 | |
| | | | | Excess 2E | 3E | 4E | E1 | |
| Medical Expenses | | Medical Expenses | 2L | 3L | 4L | L1 | [+ -] | |
| Liability | | Liability (%) | 2M | 3M | 4M | M1 | [+ -] | |
| | | Sub-Total | 2N | 3N | 4N | N1 | | |
| Other Expenses | | Other Expenses | 2O | 3O | 4O | O1 | [+ -] | |
| Report Fees | | Survey Fee | 2P | 3P | 4P | P1 | [+ -] | |
| | | Re-Survey Fee | 2Q | 3Q | 4Q | Q1 | | |
| | | LTA/GIA/Police Report Fees | 2R | 3R | 4R | R1 | | |
| 3rd Party Legal Fees | | 3rd Party Lawyer's Cost | 2S | 3S | 4S | S1 | [+ -] | |
| | | 3rd Party Lawyer's Disbursements | 2T | 3T | 4T | T1 | | |
| Our Legal Fees | | Our Lawyer's Cost | 2U | 3U | 4U | U1 | [+ -] | |
| | | Our Lawyer's Disbursements | 2V | 3V | 4V | V1 | | |
| Total | | Total | 2W | 3W | 4W | W1 | | |
| Remarks | | Free-text (max chars allowable) | | | | | | |

Note:

2B = 2F*2G

2C = 2H*2I

2D = 2J*2K

2N = (2A+2B+2C+2D+2E+2L)*2M

2W = 2N+2O+2P+2Q+2R+2S+2T+2U+2V

Payment

Payment Summary Table

| Payment Request Date | Payment Request Type | Amount Paid | Payee by | Requested by | Accounting Year | Approved by | Approve Date | Approve Time |
|----------------------|----------------------|-------------|----------|--------------|-----------------|-------------|--------------|--------------|
|----------------------|----------------------|-------------|----------|--------------|-----------------|-------------|--------------|--------------|

Payment Details

| | |
|----------------------|--|
| Claimant | <input type="text"/> |
| Assign to | <input type="text"/> Payment Request Type <input type="text"/> |
| Payment Request Date | <input type="text"/> Payment Due Date <input type="text"/> |
| Payee | <input type="text"/> |
| Payee's Address1 | <input type="text"/> |
| Payee's Address2 | <input type="text"/> |
| Payee's Address3 | <input type="text"/> |
| Country | <input type="text"/> Postal Code <input type="text"/> |
| CO's Remarks | <input type="text"/> |

Supervisor Approval for Payment

| | |
|---------------------|--|
| Assigned To | <input type="text"/> |
| Approve Payment? | <input type="radio"/> Yes <input type="radio"/> No |
| Supervisor's Remark | <input type="text"/> |

Recovery Claim Payment Breakdown

| | | | | |
|----------------------|--|---|----------------|-------------------------|
| Payee's Name | <input type="text"/> | Amount Paid | | |
| Cost of Repairs | <input type="text"/> Cost of Repairs | [+ -] <input type="text"/> 2A | | |
| Uninsured Losses | | [+ -] | | |
| No. of days | <input type="text"/> 2F | @ <input type="text"/> 2G per day | Loss of Use | <input type="text"/> 2B |
| No. of days | <input type="text"/> 2H | @ <input type="text"/> 2I per day | Rental Vehicle | <input type="text"/> 2C |
| No. of days | <input type="text"/> 2J | @ <input type="text"/> 2K per day | Loss of Rental | <input type="text"/> 2D |
| | | | Excess | <input type="text"/> 2E |
| Report Fees | | [+ -] | | |
| | | Survey Report Fee <input type="text"/> 2L | | |
| | | Reinpection Report Fee <input type="text"/> 2M | | |
| | | LTA/GIA/Police Report Fee <input type="text"/> 2N | | |
| 3rd Party Legal Fees | | [+ -] | | |
| | 3rd Party Lawyer's Cost <input type="text"/> 2O | | | |
| | 3rd Party Lawyer's Disbursements <input type="text"/> 2P | | | |
| Our Legal Fees | | [+ -] | | |
| | Our Lawyer's Cost <input type="text"/> 2Q | | | |
| | Our Lawyer's Disbursements <input type="text"/> 2R | | | |
| Other Expenses | | [+ -] | | |
| | Other Expenses <input type="text"/> 2S | | | |
| | Medical Expenses <input type="text"/> 2T | | | |
| | Total <input type="text"/> 2U | | | |
| Remarks | <input type="text"/> Free-text (max chars allowable) | | | |

Note:

2B = 2F*2G

2C = 2H*2I

2D = 2J*2K

2U = 2A+2B+2C+2D+2E+2L+2M+2N+2O+2P+2Q+2R+2S+2T

Recovery Claims

| Claims Recovery | |
|---------------------------|---------|
| Recovery From | |
| Cheque Number | |
| Currency | SGD |
| Amount Received | A |
| TP Recovery | B |
| Contractor Recovery | D |
| Total Expenses incurred | F |
| Compensation by CDGE | H |
| Over/Under Recovery | J |
| Remarks | |
| Cheque Date | |
| Ex.Rate | 1.00 |
| Status | Pending |
| Client Recovery | C |
| Write off | E |
| Expenses absorbed by CDGE | G |
| Net Claim Recovery | I |

Note:

I = (A-F)+G

J = I – COR Amount (The Latest Reserve Amount in Reserve Tab will be used for calculation)

