INS. CASE OWNER:

S\$

Payee 3: (Strike if N.A.)

Name 3:

CC 6/1111800 0460 , Aea3

LKK: IDAC:

Surveyor:	Advian DOI: ASSIGNA		Time :	9-1-1	y				
		Regist	ered in Merimen:	10-1	-18	_			
Pre-assign / CCU	FTE SKA VZXCT.								
Insured Vehicle No). :	Claim No. :							
Name of Insured		Policy No. :							
Insured Tel No.	. HP:	Make / Model :							
	D.O.A: 7-1-18	_							
Excess Sec II :S\$		Place of Accident :					-		
Is driver the owner	? (YES / NO) Nature of Accident :								
If NO, Driver Nan		OI GIA REPORT: YE			/NO				
Driver Tel 1		Insured Liability:	% Final?	es / No			_		
SKA 472	25E J08923U	SJE 7375S	─						
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: MGarage Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INS WS: Tel Liat RM	P: : oility :					
Date/ Time									
	57989234- Ub/1117009421/Aca352:	DA DI STAG		DAT	E / PIC	0.			
	27/0 1 300 300 1111 700 1 11 17 113	, NOIFIC	Non-Reporting ltr (1st):						
	SFA 47256 - X		Non-Reporting ltr (2nd): Non-Reporting ltr (Final):						
161			ation ltr (if non-pickup):						
		Call O	I:						
- 10		After c	all ltr to OI:				_		
		Docum	nentation Check List:	Handler	Typist	_	_		
			ation ltr (if non-pickup)				_		
			all ltr to OI:			_	_		
L.			isation To Act:			_	_		
			e Voucher: Repair Bill:	-		=			
			ntal Invoice:			_			
			g Invoice						
		LTA /				=			
		Medica							
		PIR:			i	_	_		
		Manda	ate/Reject Instruction:				_		
		LOD							
		Paymo	ent Breakdown Form:						
RELIMINARY ADVICE	Date/Time: Sent By:	Post-F	tepair Photos:						
		Others					_		
INALIZATION	Date/Time: Confirm with:		rm by:				_		
Lepair Cost:	S\$ (days) Reduction:	%	Email	Call			_		
INAL SETTLEMENT	Date/Time: Confirm with	Email	Call				_		
inal Liability: epair Cost:	% (Agreed / Assessed) BOLA S/N No. : S\$	If NO	or B 28, Ass. Lia:				_		
oss of Rental (LOR):	S\$ (days)								
oss of Use (LOU):	S\$ (\$ x days)								
oss of Income (LOI):	S\$ (\$ x days)						_		
OR only LOU only	LOR + LOU LOR + LOI Tick only one								
GIA/LTA Search	S\$								
Medical:	S\$	1) Cla	im status: Normal/Reje	ct/Private	Settle				
Disbursement:	S\$ (e.g. Tow/ Independent)		oort Format:				_		
egal Cost	S\$	3) Sur	vey fee:				_		
'otal:	SS Global Sum SS:						_		
INAL PAYMENT	Date/Time: Confirm with:	Email	Call				_		
ayee 1:	S\$ Name 1:						_		
avee 2: (Strike if N.A.)	S\$ Name 2:								

Weekend (\$

Lump Sum / I.B.I: (\$



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N.A

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140,000 km

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N.A

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