15/5/2010		CC 6, A161800 S	5307 U 402	LKK:
INS. CASE OWNER:			J / 01 0000	DAC:
Surveyor:	Myllus	DOI: ASSIGNA	Date / Time :	21/3/18
			Registered in 1	Merimen: 2013 18
Pre-assign / CCU /	Cku	976 L		
Insured Vehicle No.		9 7 0 1	Claim No. ;	
Name of Insured	:		Policy No. :	
Insured Tel No.		HP:	Make / Model :	
Excess Sec II :S\$		D.O.A: 21 03/18	Place of Accident :	
Is driver the owner?	(YES / NO)	Nature of Accident :		
If NO, Driver Nam			OI GIA REPORT: VES / NO	; TP GIA REPORT: YES / NO
Driver Tel N		(V/L: YES / NO)	Insured Liability: %	
SJL 9011 C	<u></u>			
INSRS: Hock WSP: Tel: Liability: RMKS: Date/ Time	INSRS: WSP: Tel: Liability RMKS:	1/4/	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
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	19 - 9011 C - CUS !!	W130130421Kleps	STAGE Non-Reporting	DATE / PIC
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			Non-Reporting Notification Its	g ltr (Final): (if non-pickup):
			Call OI:	
			After call ltr to	
				on Check List: Handler Typist (if non-pickup)
			After call ltr to	
	2		Authorisation	
			Release Vouch	
			Final Repair B	
			Towing Invoice	
			LTA / GIA :	
			Medical Bill:	
			PIR:	
				ect Instruction:
			LOD Payment Bre	akdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair I	
TWILLY WAR A TOWN ON A			Others:	
FINALIZATION Repair Cost:	Date/Time:	Confirm with:	Confirm by:	
FINAL SETTLEMENT		days) Reduction: Confirm with	%	Email Call
Final Liability:		Assessed) BOLA S/N No. :	Email	Call
Repair Cost:	S\$	i issuedday is ossi i britino.	If NO or B 2	8, ASS. Lia :
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ (\$ x	days)		
Loss of Income (LOI): LOR only LOU only	S\$ (\$ x LOR+LOU LO	days)		
GIA/LTA Search	S\$	OR + LOI [Tick only one]		
Medical:	S\$		1) Claim stat	us: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent		
Legal Cost Total:	S\$ S\$	Ol-1-10	3) Survey fee	9;
FINAL PAYMENT	Date/Time:	Global Sum S\$: Confirm with:	P 4	0-11
Payee 1:	S\$	Name 1:	Email	Call
Payee 2: (Strike if N.A.)	S\$	Name 2:	,	
Payee 3: (Strike if N.A.)	S\$	Name 3:		

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