15/5/2010		CC 7 /AIG1801	1812,	() Wh IDAC:	
INS. CASE OWNER			/	.1.1	
	460	DOI: ASSIGN	2 7 18	Date / Time : VY 7 (18	
Surveyor:			11.11.	Registered in Merimen:	7 18
Pre-assign / CCU	/FTE	A 0 .			-
—	SCV 6	8/1 m.	Claim No.		
Insured Vehicle N	0. :				
Name of Insured	:		Policy No.		
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: W 9 18	Place of Accid	dent :	
Is driver the owner	r? (YES / NO)	Nature of Accident :			
If NO, Driver Na	me / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPORT:	YES / NO
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabil	ity: % Final? Yes/!	No
5HB 147	bT				
7(17) (41					
INSRS:	INSR WSP.		INSRS: WSP:	INSRS: WSP:	
WSP: GMK	WSP:	10-7	Tel:	Tel:	
Liability:	Liabil	ity:	Liability:	Liability	:
RMKS:	RMK	S:	RMKS:	RMKS:	
Date/ Time		0			
	4114 14NJ -4	SCV 6 684	m-y		DATE/PIC
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup): Call OI:	
				After call ltr to OI:	
				Documentation Check List: Handle	er 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	
PRELIMINARY ADVICE	Z Date/Time:	Sent By:		Payment Breakdown Form: Post-Repair Photos:	
FRELIMINARY ADVICE	E Date/Time;	Sciit Dy:		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email C	all
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal	
Final Liability:		/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$ S\$	dnyw)			
Loss of Rental (LOR): Loss of Use (LOU):		days) x days)			
Loss of Income (LOI):		x days)			
LOR only LOU only		LOR + LO [Tick only	one]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal/Reject/Pri	ivate Settle
Disbursement:	SS	(e.g. Tow/ Independe	ent)	Report Format: Survey fee:	
Legal Cost Total:	SS S\$	Global Sum S\$:		3) Survey ree.	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal	
Payee 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

Interview (\$

Tech. Invs (\$

Weekend (\$

Report Format : Lump Sum / I.B.I: (\$) Photos

) Others

TOTAL