INS. CASE OWNER:		CC 4/111 180	18064,	MAC:		
Surveyor:	Cles	ASSIGN			4-10-18	
Pre-assign / CCU / F	0 0			Registered in Merimen:	4-10-18	
Insured Vehicle No.	3170	f162 Z	Claim No.	: <u></u>		
Name of Insured			Policy No.	:	ht	
	1					
Insured Tel No.	I	HP: Delica Le	Make / Model			
Excess Sec II :S\$		D.O.A: 20104110	Place of Acciden	nt:	2	
Is driver the owner?	(YES / NO)	Nature of Accident :				
If NO, Driver Name Driver Tel No		(V/L: YES / NO.)	OI GIA REPOR Insured Liability	T: YES / NO; TP GIA REP		
Fu94486	}>					
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	WS Tel		
Date/ Time				Process and the second	TAU TO THE OWNER AND THE OWNER	
	FUA 448B - X SHD 4162 Z -U3	in 15+18-374/ Pva35	> : 186A-3/11/15	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: Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill:	Handler Typist	
				Car Rental Invoice: Towing Invoice LTA / GIA:		
	•			Medical Bill:		
				PIR:	19 19	
				Mandate/Reject Instruction		
				LOD		
	70. (70)			Payment Breakdown Form:		
RELIMINARY ADVICE	Date/1 ime:	Sent By:		Post-Repair Photos: Others:		
TNALIZATION	Date/Time:	Confirm with:		Confirm by:		
Lepair Cost:	S\$ (days) Reduction:	%	Email [Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	CHAIR TO CHAIR WATER CONTROL TO CHAIR	Email Call	Company of the Live Company of the C	
inal Liability:	% (Agree	d / Assessed) BOLA S/N No. ;		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (days)				
oss of Use (LOU):		x days)				
LOR only LOU only		x days) LOR + LOI [Tick only	one]			
GIA/LTA Search	S\$					
Medical:	SS			1) Claim status: Normal/R	eject/Private Settle	
Disbursement;	SS	(e.g. Tow/ Indepen	ndent)	2) Report Format:		
Legal Cost	S\$	Clabal Comp Co.		3) Survey fee:		
Total:	S\$	Global Sum S\$:		Email Call	THE STATE OF THE S	
FINAL PAYMENT	Date/Time:	Confirm with:		Emant Can		
Payee 1:	S\$	Name 1:		*		
Payee 2: (Strike if N.A.)	S\$	Name 2:	V.			
Payee 3: (Strike if N.A.)	IS\$	Name 3:		2000 A DECEMBER 1888 A STATE OF THE STATE OF		