INS. CASE OWNER:		CC 6 / LCR 180	183401	H 105 DA	ıC:	
Surveyor:	Surveyor: DOI:		MENT 8	Date / Time : 9-10 - 18		
Pre-assign / CCU /	SLL 3	hop C		Registered in Merimen:		(0)(8.
Insured Vehicle No.	:		Claim No.	:		_
Name of Insured			Policy No.	:		
Insured Tel No.	i	HP:	Make / Model			_
Excess Sec II :S\$		D.O.A: 9-8/18	Place of Accide	ent:		
Is driver the owner?	(YES / NO)	Nature of Accident :				
If NO, Driver Name	e/Age·		OI GIA REPO	RT: YES / NO ; TP GIA	REPORT: YES / 1	NO
	Driver Tel No. : (V/L: YES / NO.) Insured Liability					
SLV 475.	2D>	—→				
INSRS: WSP: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	2FA 63250- X: 2F3909 C-X			STAGE DATE / PIC Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
		12 11	9)	Non-Reporting ltr (Final) Notification ltr (if non-pi		
				Call OI:	жир).	
				After call ltr to OI:		ξ.
				Documentation Check	THE RESERVE OF THE PERSON NAMED IN	ypist
				Notification ltr (if non-pi	okup)	
				Authorisation To Act:		
		THE STATE OF THE S		Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:	- 1	
				Towing Invoice LTA / GIA :		
	*			Medical Bill:		Day
				PIR:		
				Mandate/Reject Instruc	ction:	
				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:	College Colleg	Payment Breakdown F	orm:	
A ACCEPTAGE THE PROPERTY OF TH	Dato I inio.	Sent by.		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by: LWP		
Repair Cost: L/S	\$\$ 2,900.00 (5 days) Reduction:	70 %	Em	nail Call	
FINAL SETTLEMENT	Date/Time: 08.09.20	Confirm with CHRIS		Email Call		
Final Liability:		Assessed) BOLA S/N No. :NIL	- CM/ED//ED INT	If NO or B 28, Ass. Li	a:	
Repair Cost: w/GST Loss of Rental (LOR):	S\$ 3,103.00 S\$ 600.00		SWERVED INTO	J I P LAINE		
Loss of Use (LOU):	S\$ - (\$ x	6 days) X \$100 days)				
Loss of Income (LOI):	S\$ - (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only or	ne]			
GIA/LTA Search	\$\$ 7.45					
Medical:	S\$ -	·	lout \	1) Claim status: Norm		
Disbursement: Legal Cost	S\$ - S\$ -	(e.g. Tow/ Independ	lent)	Report Format: Survey fee:	TP \$320	4.
Total:	S\$ 3,710.45	Global Sum SS:		12) Surroj 100	A	
FINAL PAYMENT	Date/Time: 08.09.20	Confirm with: CHRIS	Unit, with the same of the sam	Email Call	The second second	175000-110
Payee 1:	s\$ 3,710.45	Name 1: GREEN FORES	ST AUTOMOBILE	PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:	*			
Payee 3: (Strike if N.A.)	S\$	Name 3:			AND DESCRIPTION OF THE PARTY OF	