

Surveyor: Kenneth DOB: 8-11-2018 Date / Time: 8/11/2018

Pre-assign / CCU / FTE

Insured Vehicle No. : SMA 446M Claim No. : 1811818/vpos/07101  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A: 4-11-18 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SJN 3096L

INSRS: WSP: Angelo Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SJN 3096L - 06/10/18 2008 4Kupig2 ; D.A: 07/10/18</u> <u>SMA 446M - X</u>	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: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$ _____	( _____ days) Reduction:	% _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% _____	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ _____				
Loss of Rental (LOR):	S\$ _____	( _____ days)			
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ _____				
Medical:	S\$ _____				
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$ _____		2) Report Format:		
Total:	S\$ _____	Global Sum S\$:	3) Survey fee:		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ _____	Name 1:			
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:			
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:			

