

Date / Time :

Registered in Merimen:

SMD 8711A



Name of Insured

Insured Tel No.

Excess Sec II :\$\$

Is driver the owner?

(YES / ~~NO~~)

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: ~~YES~~ / NO)

Claim No.

Policy No.

Make / Model :

Place of Accident :

OI GLA REPORT:

Insured Liability :

: YES/ NO : TP GIA REPORT: YES/ NO

	%	Final ?	Yes / No
1. <i>Chlorophyll a</i>	100		
2. <i>Chlorophyll b</i>	100		
3. <i>Chlorophyll c</i>	100		
4. <i>Chlorophyll d</i>	100		
5. <i>Chlorophyll e</i>	100		
6. <i>Chlorophyll f</i>	100		
7. <i>Chlorophyll g</i>	100		
8. <i>Chlorophyll h</i>	100		
9. <i>Chlorophyll i</i>	100		
10. <i>Chlorophyll j</i>	100		
11. <i>Chlorophyll k</i>	100		
12. <i>Chlorophyll l</i>	100		
13. <i>Chlorophyll m</i>	100		
14. <i>Chlorophyll n</i>	100		
15. <i>Chlorophyll o</i>	100		
16. <i>Chlorophyll p</i>	100		
17. <i>Chlorophyll q</i>	100		
18. <i>Chlorophyll r</i>	100		
19. <i>Chlorophyll s</i>	100		
20. <i>Chlorophyll t</i>	100		
21. <i>Chlorophyll u</i>	100		
22. <i>Chlorophyll v</i>	100		
23. <i>Chlorophyll w</i>	100		
24. <i>Chlorophyll x</i>	100		
25. <i>Chlorophyll y</i>	100		
26. <i>Chlorophyll z</i>	100		
27. <i>Chlorophyll aa</i>	100		
28. <i>Chlorophyll ab</i>	100		
29. <i>Chlorophyll ac</i>	100		
30. <i>Chlorophyll ad</i>	100		
31. <i>Chlorophyll ae</i>	100		
32. <i>Chlorophyll af</i>	100		
33. <i>Chlorophyll ag</i>	100		
34. <i>Chlorophyll ah</i>	100		
35. <i>Chlorophyll ai</i>	100		
36. <i>Chlorophyll aj</i>	100		
37. <i>Chlorophyll ak</i>	100		
38. <i>Chlorophyll al</i>	100		
39. <i>Chlorophyll am</i>	100		
40. <i>Chlorophyll an</i>	100		
41. <i>Chlorophyll ao</i>	100		
42. <i>Chlorophyll ap</i>	100		
43. <i>Chlorophyll aq</i>	100		
44. <i>Chlorophyll ar</i>	100		
45. <i>Chlorophyll as</i>	100		
46. <i>Chlorophyll at</i>	100		
47. <i>Chlorophyll au</i>	100		
48. <i>Chlorophyll av</i>	100		
49. <i>Chlorophyll aw</i>	100		
50. <i>Chlorophyll ax</i>	100		
51. <i>Chlorophyll ay</i>	100		
52. <i>Chlorophyll az</i>	100		
53. <i>Chlorophyll ba</i>	100		
54. <i>Chlorophyll bb</i>	100		
55. <i>Chlorophyll bc</i>	100		
56. <i>Chlorophyll bd</i>	100		
57. <i>Chlorophyll be</i>	100		
58. <i>Chlorophyll bf</i>	100		
59. <i>Chlorophyll bg</i>	100		
60. <i>Chlorophyll bh</i>	100		
61. <i>Chlorophyll bi</i>	100		
62. <i>Chlorophyll bj</i>	100		
63. <i>Chlorophyll bk</i>	100		
64. <i>Chlorophyll bl</i>	100		
65. <i>Chlorophyll bm</i>	100		
66. <i>Chlorophyll bn</i>	100		
67. <i>Chlorophyll bo</i>	100		
68. <i>Chlorophyll bp</i>	100		
69. <i>Chlorophyll bq</i>	100		
70. <i>Chlorophyll br</i>	100		
71. <i>Chlorophyll bs</i>	100		
72. <i>Chlorophyll bt</i>	100		
73. <i>Chlorophyll bu</i>	100		
74. <i>Chlorophyll bv</i>	100		
75. <i>Chlorophyll bw</i>	100		
76. <i>Chlorophyll bx</i>	100		
77. <i>Chlorophyll by</i>	100		
78. <i>Chlorophyll bz</i>	100		
79. <i>Chlorophyll ca</i>	100		
80. <i>Chlorophyll cb</i>	100		
81. <i>Chlorophyll cc</i>	100		
82. <i>Chlorophyll cd</i>	100		
83. <i>Chlorophyll ce</i>	100		
84. <i>Chlorophyll cf</i>	100		
85. <i>Chlorophyll cg</i>	100		
86. <i>Chlorophyll ch</i>	100		
87. <i>Chlorophyll ci</i>	100		
88. <i>Chlorophyll cj</i>	100		
89. <i>Chlorophyll ck</i>	100		
90. <i>Chlorophyll cl</i>	100		



WSP:

Tel :

Liability :

BMKS:



WSP:

Tel :

Liability :

RMKS:



WSP:

Tel :

Liability :

RMKS:



WSP:

Tel :

Liability :

RMKS:

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days)	Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :	If NO or B 28. Ass. Lia :
Repair Cost:	\$S			<i>COOPERATING VEHICLE(S)</i>
Loss of Rental (LOR):	\$S	(days)		
Loss of Use (LOU):	\$S	(S x days)		
Loss of Income (LOI):	\$S	(S x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	<i>Came to ref. (No sumy)</i>
[Tick only one]				
GIA/LTA Search	\$S			
Medical:	\$S			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S			3) Survey fee:
Total:	\$S	Global Sum \$S:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		