1 Km 1/AXA1900 7667, Kghot IDAC: INS. CASE OWNER: MMM Surveyor: Date / Time: Registered in Merimen: Pre-assign / CCU / FTE 352M SAMOIDOE Insured Vehicle No. Claim No. Name of Insured SHAWKAR Policy No. Insured Tel No. Make / Model : Excess Sec II :S\$ Place of Accident: D.O.A: 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. : Final? Yes/No (V/L: YES / NO) Insured Liability: SLC 3852C INSRS: INSRS: INSRS: INSRS: WSP: WSP: WSP: WSP: Tel: Tel: Tel: Tel: Liability: Liability: Liability: Liability: RMKS: RMKS: RMKS: RMKS: Date/ Time DATE/PIC 38521-X (KV 45m - Y STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup) sam tunim Call OI: After call ltr to OI: Documentation Check List: Handle Typist Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: WITHORAW Final Repair Bill: Car Rental Invoice: REPORT TO AXA. Towing Invoice LTA/GIA: Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: days) Reduction: % Email Call FINAL SETTLEMENT Date/Time: Confirm with Email Cal 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\$ (S days) Loss of Income (LOI): S\$ (S days) LOR only _____ LOU only LOR + LOU LOR + LO [Tick only one] WITHDRAW CHIMING 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\$ 250.00 3) Survey fee: Total: S\$ Global Sum S\$: FINAL PAYMENT Date/Time: Confirm with: Email ____ Cal Payce 1: S\$ Name 1: Payce 2: (Strike if N.A.) S\$ Name 2:

Name 3:

Payce 3: (Strike if N.A.)