INS. CASE OWNER	cc 4, Asm 1900	5414,	1 -0,6	AC: (7 6 16 5	
Surveyor:	Surveyor: ASSIGNMENT DOI:		Date / Time:		
Pre-assign / CCU	/ FTE		Registered in Merimen		
	(12010)		Car	nol III	
Insured Vehicle No). :	Claim No.	:	904	
Name of Insured		Policy No.	:	00	
Insured Tel No.	HP:	Make / Model	:		
Excess Sec II :S\$	D.O.A: VS 4 2019	Place of Accide	ent :		
Is driver the owner	? (YES / NO) Nature of Accident :				
	If NO, Driver Name / Age : Driver Tel No.: (V/L: YES / NO.)		OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
SBS 6320	W				
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time					
	S&S 6370 M-X; SIZOLCD. X		STAGE Non-Reporting ltr (1st):	DATE / PIC	
()			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-pi		
			After call ltr to OI:		
			Authorisation To Act: Release Voucher:		
			Final Repair Bill:		
			Car Rental Invoice:		
		+ = = = =	Towing Invoice		
			LTA/GIA:		
			Medical Bill:		
			PIR:		
	× ×		Mandate/Reject Instruction LOD	tion:	
			Payment Breakdown Fo	orm;	
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:		
FINALIZATION	D.t. Million		Others:		
Repair Cost:	Date/Time: Confirm with: S\$ (- days) Reduction:	0//	Confirm by:		
FINAL SETTLEMENT	S\$ (days) Reduction: Date/Time: Confirm with	% '	Email Call	ail Call	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	12	If NO or B 28, Ass. Lia		
Repair Cost:	S\$		11 110 01 D 20, 1133. Litt		
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x days) S\$ (\$ x days)	2		*	
LOR only LOU only	S\$ (\$ x days) LOR + LOU LOR + LOI Tick only one]				
GIA/LTA Search	S\$				
Medical:	S\$		1) Claim status: Norma	I/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format:		
Legal Cost	S\$		3) Survey fee:		
Total: FINAL PAYMENT	S\$ Global Sum S\$: Date/Time: Confirm with:		P II		
Payce 1:			Email Call		
Payee 1: Payee 2: (Strike if N.A.)	S\$ Name 1: S\$ Name 2:				
Payee 3: (Strike if N.A.)	S\$ Name 3:	74			
Payee 3: (Strike if N.A.)	S\$ Name 3:	15			

Interview (\$

Tech. Invs (\$

Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$

) Photos

TOTAL