15/5/2010	PLLEV CC 4 KSM 7505,	plon LKK:
INS. CASE OWNER:		
Surveyor:		Pate / Time :
		Registered in Merimen:
Pre-assign / CCU /	FTE A A A A A	agmorthe 1 12000
Insured Vehicle No.	Claim No.	3011100 10100 1 11 401
Name of Insured	TET 9022D Claim No.	
Insured Tel No.	: HP: Make / Model :	
Excess Sec II :S\$	D.O.A: Yh Y la Place of Acciden	t:
Is driver the owner?		T VEC / NO. TO CIA DEPORT, VEC / NO.
If NO, Driver Nam	er rige.	T: YES / NO : TP GIA REPORT: YES / NO
Driver Tel N	No.: (V/L: YES / NO ) Insured Liability	: % Final? Yes/No
smt 463	<i>&gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt;</i>	
INSRS:	INSRS: INSRS:	INSRS:
WSP: +W	WSP: WSP:	WSP: Tel:
H Tel:	Tel: Liability: Liability:	Liability:
Liability:	Liability: Liability: RMKS: RMKS:	RMKS:
RMKS:	RIVING.	
Date/ Time		
	1000	STAGE DATE/PIC
		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	1 1	Notification ltr (if non-pickup):
	& smmtclum.	Call OI:
	~	After call ltr to OI:
	010/4 1. 1. 1. 1. 1. 1. TTED.	Documentation Check List: Handler Typist
_	- 0 / NK, SEW ON UST WETTER.	Notification ltr (if non-pickup)
		After call ltr to OI:
1113/700 -	Tu conce! Wany.	Authorisation To Act:
110		Release Voucher:
, ,		Final Repair Bill:
101 %		Car Rental Invoice:
16/1/2m -	-W-J Sulf silow	Towing Invoice
		LTA/GIA:
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
Was arrested to the second		Payment Breakdown Form:
PRELIMINARY ADVICE	The state of the s	Post-Repair Photos:
		Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:  Email Call
Repair Cost:	S\$ ( days) Reduction: %	
FINAL SETTLEMENT	D. M. C. T. M. M. C. T. M. M. C. T. M. M. M. C. T. M.	Email Cal If NO or B 28, Ass. Lia :
Final Liability:	A CONTRACTOR OF THE PROPERTY O	H 110 OF D 20, A35, L1d .
Repair Cost:	S\$ S\$ ( days)	
Loss of Rental (LOR): Loss of Use (LOU):	SS ( days) SS (S x days)	
Loss of Income (LOI):	SS (S x days)	
LOR only LOU only	LOR + LOU LOR + LO [Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:		2) Report Format:
Legal Cost		3) Survey fee:
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT		Email Cal
Payee 1:	S\$ Name 1:	
CALL CONTROL OF CONTRO		

Name 2:

Name 3:

S\$

S\$

Payee 2; (Strike if N.A.)

Payce 3: (Strike if N.A.)