INS. CASE OWNER:		CC 4/ 11/ 1900	1786 1	U gus	IDAC:		
Surveyor:	MARIN	BOI: ASSIGNMI	na	Date / Time :	3/6/19		
Pre-assign / CCU /	FTE			Registered in Merim	en / (V)		
	(H NOV	ł A	Claim No				
Insured Vehicle No.			Claim No.				
Name of Insured	1		Policy No.				
Insured Tel No.		EP: - 17/1/1/4	Make / Model	:			
Excess Sec II :SS		D.O.A: 18/2/17	Place of Accider	nt :			
Is driver the owner?	(YES/NO)	Nature of Accident :					
If NO, Driver Nam	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				
F6N 2620	€				-		
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Linbility: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
Date/Time							
	18N 250 8. X.	200 - ()	1 1 1	STAGE	DATE / PIC		
Y	SHE 294 A COHIAGON	10019M 19193 : 40	1: 20/10/18	Non-Reporting ltr (1st Non-Reporting ltr (2n			
			Non-Reporting Itr (Final):				
22/05	OID DRIVING ST	OID DRIVING STRAIGHT, TP TURNING			Notification ltr (if non-pickup): RIGHT Call OI:		
MR YEW TO CHOP AND SIGN			10 1110111	After call ltr to OI:			
				Documentation Cheek List: Hundier Typist			
				Notification ltr (if nor After call ltr to OI:	i-pickup)		
				Authorisation To Act:			
		Reject Case		Release Voucher:			
		By (staff) : Hhas Tong		Final Repair Bill:			
		Approved by : You		Car Rental Invoice:			
		Date : 26-05-20		Towing Invoice	17.		
				LTA/GIA:			
				Medical Bill:			
				PIR:			
				Mandate/Reject Instruction:			
				Payment Breakdown	a Form:		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			
				Others:			
FINALIZATION	Date/Time;	Confirm with:		Confirm by:			
Repair Cost: L/S	ss 2000.00 (4	2040.00	% 60		Email Call		
FINAL SETTLEMENT		Confirm with		Email Call			
Final Liability: Repair Cost:	% 0 (Agreed /	Assessed) BOLA S/N No. :		If NO or B 28, Ass.	Lia:		
Loss of Rental (LOR):	S\$ (days)					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only	LOR+LOU LO	R + LOI [Tick only one]					
GIA/LTA Search	S\$						
Medical:	S\$				rmal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	REJECT		
Legal Cost	S\$	m 1 10 22		3) Survey fee:	\$250.00		
Total:		Global Sum SS: Confirm with:		Email Call			
FINAL PAYMENT				Limit Call			
Payer I:	S\$	Name 1:			is a		
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	the second secon	Name 2:	1				
rayce 3. (Strike if N.A.)	[GIG		COMPANIES FAMILY A. P. P.				