INS. CASE OWNER:

## Bernard Ler

## CC6/AIG19016907/Aka3

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ADRIAN Surveyor:

DOI: 24/09/2019

24/09/2019 Date / Time:

26/09/2019 Registered in Merimen:

## Pre-assign / CCU / FTE

**SJR 288Z** Insured Vehicle No.

Claim No.

1027864025SG

Name of Insured

KELVIN CHEONG KAH WING

Policy No.

VOLVO V40-T4 (A)

Insured Tel No. Excess Sec II :S\$ HP: +65-98772777 D.O.A: 22/09/2019 15:30

Make / Model Place of Accident:

17A TELOK BLANGAH CRESCENT

Is driver the owner?

(YES / NO)

Nature of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age:

(V/L: YES / NO) Driver Tel No.:

Insured Liability:

Final? Yes/No

## SMD 9600J



WSP: GREEN FOREST Tel: AUTOMOBILE

INSRS: WSP: Tel:



INSRS: WSP: Tel:



INSRS: WSP: Tel: Liability

Date/ Time							
	SMD 9600J - 2	(	STAGE	DATE / PIC			
	OIVID 30000 - 7		Non-Reporting ltr (1st):				
			Non-Reporting ltr (2nd):	Non-Reporting ltr (Final):			
			Notification ltr (if non-pickup):				
			Call OI:				
			After call ltr to OI:  Documentation Check List: Handl	er Typist			
			Notification ltr (if non-pickup)				
			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				
			Payment Breakdown Form:				
PRELIMINARY ADVIC	E Date/Time:	Sent By:	Post-Repair Photos:				
			Others:				
FINALIZATION	Date/Time:	Confirm with:	Confirm by:				
Repair Cost:	S\$	( days) Reduction: %	Email Ca	ıll			
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call				
Final Liability:	% (Ag	reed / 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\$ (\$	x days)					
Loss of Income (LOI):	S\$ (\$	x days)					
LOR only LOU on	ly LOR + LOU	LOR + LOI [Tick only one]					
GIA/LTA Search	S\$						
Medical:	S\$		Claim status: Normal/Reject/Pri	vate 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:	SS	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					

16907/AL SMD9600J, 2018 Honor Vezel-Hybrid 1486 While Are Insured (SId / NI / NA RU31248258 Gen. Cond. Jog Fair / Poor / Burnt Steering: Inorder / Jan med / Leaked / Burnt or Brake: | Leaked / Burnt or STD A/Rim or 215/60R16. Tyre Size 215/60R16. Remark: The veh had commenced its BS / DUD / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal, or Market Value Front R/Bal. Consistent? : Yes or No 06 06 Consistent? : Yes or No. DOI 24/09/19. Res.: Yes or No Green Fores 3 Val.: Yes or No Des, of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Front ofs., U/C Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision TP AIG. MV Nett: Days Of Repair: Final Report Resurvey No. of Trip: