

Surveyor: KENNETH DOI: 25/09/2019 Date / Time : 25/09/2019  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

Insured Vehicle No. : YN 3782L Claim No. : DM19HO02647-JG  
Name of Insured : WIN SHIN ENGINEERING PTE LTD Policy No. : DMCPHQ19-003294  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : ISUZU NNR85UH4A-3.0 D (M)  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 20/09/2019 21:15 Place of Accident : TRADEHUB 21 @ BOON LAY WAY  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : RAJENDRAN RAJASEKAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : +65-85900681 (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

**SJQ 7620G**

INSRS: WSP: Tel: SUPREME AUTO Liability: RMKS:  
INSRS: WSP: Tel: \_\_\_\_\_ Liability: RMKS:  
INSRS: WSP: Tel: \_\_\_\_\_ Liability: RMKS:  
INSRS: WSP: Tel: \_\_\_\_\_ Liability: RMKS:

Date/ Time	SJQ 7620G - X	YN 3782L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
17/07/2020	EQI INSTRUCT TO SUBMIT WP AS RECEIVE LOD FROM TP LAWYER		After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 1050.00	( 3 days) Reduction: 1072.80 % 50	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 9E	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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format: WP	
Legal Cost	S\$		3) Survey fee: \$160.00	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

