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CC4/FWD19022014/

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-	LKK:

NS.	CASE OWNER:	

ACCU	CARTE !	CHANAGES.
ASSI	UV	

Surveyor:		DOI:	Date / Time: 11.12.2019							
Surveyor.		The second second		Registered in Merimen:	13.12.2	019				
Pre-assign / CCU	/ FTE									
	SKU 6358M		CL: N							
Insured Vehicle No	. : OKO 0330W		Claim No.							
Name of Insured	1		Policy No.	1		_				
Insured Tel No.	:	HP:	Make / Model	:	-rest - L					
Excess Sec II :S\$		D.O.A: 07.12.2019	Place of Accid	ent:						
Is driver the owner	? (YES / NO)	Nature of Accident :		- 10.15						
			OLGIA PEPO	RT: YES / NO ; TP GIA R	EPORT: YES	I/NO	74			
If NO, Driver Nar Driver Tel		(V/L: YES / NO)	Insured Liabili		? Yes/No	,,,,,				
Driver Ter	NO	(VILL ILST NO)	11100100 23110111	.,						
SKV 9826D										
INSRS:	INSRS		INSRS:		NSRS:					
WSP: MODERI	11 - 11		WSP:	21 /2	WSP:					
Tel: AUTOMO	OTIVE H Tel:	HH	Tel:	пп	Γel : Liability :					
Liability:	Liabilit RMKS	[(# -1/)]	Liability : RMKS:	1/4/1/1	RMKS:					
RMKS:	RMAS		KWK5.							
Date/ Time			2 00 40	om i on	TO A CIT	E / DIC				
		E18004459/Ahb3q2; DOA: 00	5.03.18	STAGE Non-Reporting ltr (1st):	DAT	E / PIC				
	SKU 6358M - X			Non-Reporting ltr (2nd):						
	17 Dec 2010 16:1	4 Clm Cancelled W	ithdrawn	Non-Reporting ltr (Final):						
	by Claimant [l] V		itiitawii	Notification ltr (if non-picku	p):					
	by Claimant [i] v	ellessa Ollali		Call OI:						
10.01.	TO OANOEL OAG	DE NO CURVEY DO	NIE.	After call ltr to OI: Documentation Check Lis	t: Handler	Typist				
10-01-20	TO CANCEL CAS	SE. NO SURVEY DO	NE.	Notification ltr (if non-picku		Typist	1			
1				After call ltr to OI:	(4		1			
Ly.				Authorisation To Act:			ī			
	-			Release Voucher:			1			
			to Indiana fi	Final Repair Bill:						
E Werting out Count				Car Rental Invoice:						
				Towing Invoice						
				LTA / GIA:						
				Medical Bill:						
				PIR:						
				Mandate/Reject Instruction	n:					
				LOD			_			
				Payment Breakdown Form	a:		-			
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			+-			
	D. M.	Confirm with:		Others: Confirm by:						
INALIZATION	Date/Time: S\$ (days) Reduction:	%	Email	Call					
tepair Cost: INAL SETTLEMENT	Date/Time:	Confirm with	70	Email Call						
inal Liability:		/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:						
epair Cost:	S\$	Tanonios, 2 de la constante								
oss of Rental (LOR):	S\$ (days)								
oss of Use (LOU):	S\$ (\$ x	days)								
oss of Income (LOI):	S\$ (\$ x	days)								
OR only LOU only	LOR + LOU I	OR + LOI [Tick only one]							
GIA/LTA Search	S\$			1) China to the N	Painat (Du'	Cattle				
Medical:	SS		`	1) Claim status: Normal/F	teject/Private	settle				
Disbursement:	S\$	(e.g. Tow/ Independent)	Report Format: Survey fee:						
egal Cost	SS	Global Sum S\$:		s) our toy too.						
Total: TINAL PAYMENT	S\$ Date/Time:	Confirm with:		Email Call						
		Name 1:								
Payee 1:	S\$ S\$	Name 2:								
Payee 2: (Strike if N.A.)	DΨ									