	15/5/2010 INS. CASE OWNER	.	CC 6/ AlG 2000	0383 /	Abs3 LKK: IDAC:		
	Surveyor:	Adrian	DOI: ASSIGNM	1ENT 020	Date / Time : 3 1 Registered in Merimen:	2020 7/1/2021	0
	Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II:S\$ Is driver the owner	Skc 4201 f :	A: 31/12/19	Claim No. Policy No. Make / Model Place of Accid	ent :		
	Driver Tel 1		(V/L: YES / NO)	OI GIA REPO Insured Liabili	RT: YES / NO; TP GIA REPORT ty: % Final? Ye		
	EP 73 G INSRS: WSP: J - Mar- Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSR WSP Tel: Liabi RMK	: lity :	
	Date/ Time						***
	SEC 4201P; X				STAGE DATE / PIC 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: Handler Typist		
					Notification ltr (if non-pickup)	I J J	
					After call ltr to OI:		
					Authorisation To Act:		
					Release Voucher:		
40/04/0004					Final Repair Bill:		
13	3/04/2021	SETTLED AND CL	RAWER	Car Rental Invoice:			
					Towing Invoice		
					LTA / GIA :		
					Medical Bill:		
					PIR:		
					Mandate/Reject Instruction:		
					LOD		
					Payment Breakdown Form:		
PRELIM	IINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
					Others:		
FINALI		Date/Time:	Confirm with:		Confirm by:		
	ost: L/S		days) Reduction: 48.49	%	Email	Call	
	SETTLEMENT	10/01/2021	firm with -		Email Call		
Final Lial		% 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia:		
	ost: (W/GST)	ss 3,424.00	6 / 6 6 6				
	ental (LOR):		lays) X \$120.00				
	Jse (LOU):		days)				
Loss of I	ncome (LOI):		days)				
LOR only	LOU only	LOR + LOU LOR +	LOI [Tick only one]				

Global Sum S\$: 5

Confirm with:

Name 2: Name 3:

Name 1: J-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

\$320.00

2) Report Format:

Call

3) Survey fee:

Email .

|s\$4,144.00

S\$

S\$

S\$

S\$ ss 4

S\$

S\$

Date/Time:

GIA/LTA Search

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Medical:

Legal Cost

Total:

Payee 1: