	15/5/2010		CCIL	/AIG 2000)	266 /	012	KK: DAC:		
	INS. CASE OWNER		1009			Dho2			
	Surveyor:	LT6	DO	ASSIGNMI OI: 10 2	2020	Bbs3 Date / Time :	10/2/2020	020	
	Pre-assign / CCU /	FTE				Registered in Merimer			
			85044		Claim No.	0737996	991SG		
	Insured Vehicle No.	: 301	0-017	_					
	Name of Insured	:		_	Policy No.			_	
	Insured Tel No.	:	HP:	11/2020	Make / Model			_	
	Excess Sec II :S\$		D.O.A : 24		Place of Acciden	it :			
	Is driver the owner?	``) Nature of Ac	cident :			A DEDORT VEG	(NO	
	If NO, Driver Nam Driver Tel N		01/1	YES / NO)	OI GIA REPOR' Insured Liability	T: YES / NO ; TP GI	inal? Yes/No	NO	
			(V/L.	TEST NO)	msured Elaomty	. //			
	SKJ 1441)	<u>←</u> → .			_			_	
	INSRS: WSP: Team At Tel: Liability: RMKS:	atopro di	NSRS: WSP: Fel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
	Date/ Time					77.			
		EKITHIX:	x, smp8	5047: >		STAGE Non-Reporting ltr (1st)		E / PIC	
						Non-Reporting ltr (2nd			
						Non-Reporting ltr (Fina Notification ltr (if non-			
						Call OI:	promapy.		
						After call ltr to OI:			
						Documentation Check List: Handler Typist Notification ltr (if non-pickup)			
						After call ltr to OI:	V.		
						Authorisation To Act:			
						Release Voucher: Final Repair Bill:			
						Car Rental Invoice:	V		
	x 1					Towing Invoice			
11/09/2020		SETTLED AND CLOSED / FILE IN DRAWER			WER	LTA / GIA :			
						Medical Bill:			
						PIR: Mandate/Reject Instr	uction:		
				will it is a second		LOD			
						Payment Breakdown	Form:		
PRELIN	IINARY ADVICE	Date/Time:	Se	nt By:		Post-Repair Photos: Others:			
FINALIZ	ZATION	Date/Time:	Co	onfirm with:		Confirm by:			
Repair Co	ost: L/S	ss 4,300.00	(6 days) Re	eduction: 55.26	%		mail Call		
	SETTLEMENT	Date/Time: 11/09/2				Email Call			
Final Lial Repair Co		% 100 (A ss 4,300.00	greed / Assessed) BO	DLA S/N No. : 9		If NO or B 28, Ass. I	Lia:		
Loss of Rental (LOR):		S\$ 600.00 (5 days) X \$120.00				OI TURNING			
	Jse (LOU):	ss 560.00 (s	80 x 7 days)	T					
Loss of In	ncome (LOI): LOU only	S\$ (\$	x days) LOR + LOI	[Tick only one]					
GIA/LTA		ss 29.00	LOK+LOI	[Tick only one]					
Medical:		S\$				1) Claim status: Norr		Settle	
Disburser		S\$	(e.	g. Tow/ Independent)		2) Report Format:	TP \$320.00		
Legal Con Total:	st	ss 5,489.00	Global Sum	ss: 5,000.00		3) Survey fee:	ΨυΖυ.υυ		
	PAYMENT	Date/Time:	Confirm with	n:		Email Call			
Payee 1:		ss 5,000.00	Name 1:	ΓΕΑΜ AUTO	PRO PTE	ELTD			
Payee 2:	(Strike if N.A.)	S\$	Name 2:						

S\$

Payee 3: (Strike if N.A.)

Name 3: