INS. CASE OWNER	₹:	CC 6 /A/G 2000	2687 /	Rles3 DA	iC:	
		ASSIGN				
Surveyor:	Rasul		2020	Date / Time :	4/2/2020	
Salveyor.	10,000			Registered in Merimen:	124 - 1	
Pre-assign / CCU	/ FTE			registered in mornion.	,	
Insured Vehicle No	SKD 484	9R	Claim No.	:		
Name of Insured		.,,		. 45-47-20-15-2		
2_0			Policy No.			
Insured Tel No.		HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 7/2/2020	Place of Accid	lent:		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO, Driver Nar	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA	REPORT: YES / NO	
Driver Tel No. :		(V/L: YES / NO)	(V/L: YES / NO) Insured Liab		lity: % Final? Yes/No	
SMF705	3R					
INSRS:	INICRC.		INSRS:		INSRS:	
WSP: Sin Hup	Lee INSRS: WSP:		WSP:		WSP:	
H H Tel:	H H Tel:	A-A	Tel:	AA	Tel:	
Liability:	Liability	1/4/ -1//	Liability:		Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	
Date/ Time	04.6.4	Hou	,			
	SMF70532:)	(; SKD 4840	IR'X	STAGE	DATE / PIC	
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final):		
				Notification ltr (if non-pic	kup):	
				Call OI: After call ltr to OI:		
				Documentation Check I	ist: Handler Typist	
				Notification ltr (if non-pic		
				After call ltr to OI:	Kup)	
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruct	ion:	
				Payment Breakdown Fo	orm:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Ema	ail Call Call	
FINAL SETTLEMENT	Date/Time: Confirm with			Email Call		
Final Liability: Repair Cost:	% (Agreed / Assessed) BOLA S/N No. : S\$			If NO or B 28, Ass. Lia		
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x	days)			07477777	
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only	LOR + LOU LO	R + LOI [Tick only one				
GIA/LTA Search	S\$				Im 1 m 1 m 2	
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle			
Disbursement: Legal Cost	S\$ (e.g. Tow/ Independent) S\$			2) Report Format: 3) Survey fee:		
Total:		Global Sum S\$:		[J] Sax, 0] 1001		
FINAL PAYMENT		Confirm with:		Email Call		
Payee 1:	S\$	Name 1:	I Sala			
Payee 2: (Strike if N.A.)		Name 2:				
Payee 3: (Strike if N.A.)		Name 3:				