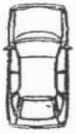


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **20/03/2020**Date / Time : **20/03/2020**Registered in Merimen: **23/03/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SML 5790C**Claim No. : **9202134082SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/03/2020**

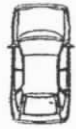
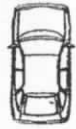
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMR 7873C**INSRS:
WSP: **GREEN FOREST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMR 7873C - X**SML 5790C - 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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

21/08/2020 SETTLED AND CLOSED/ FILE IN DRAWER**PRELIMINARY ADVICE** Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **L/S** S\$ **6,000.00** (**6** days) Reduction: **62** %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: **21/08/2020** Confirm with **CHAN PICK YUEN**Email ☒ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ **6,420.00**

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ **800.00** (\$ **100** x **8** days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/TA Search S\$ **7.45**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ **7,227.45** **Global Sum S\$:** **7,200.00**Email ☐ Call ☐**FINAL PAYMENT**

Date/Time:

Confirm with:

Payee 1: S\$ **7,200.00**

Name 1:

GREEN FOREST AUTOMOBILE PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: **Normal/Reject/Private Settle**2) Report Format: **TP**3) Survey fee: **\$320.00****OI rear-ended TP.**

