

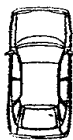
Surveyor: **Marcus**

DOI: 05/10/2020

Date / Time : 08/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 2826P

Claim No. :

Name of Insured : SKYLINK VEHICLE RENTAL PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A :02/10/2020

Place of Accident :

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

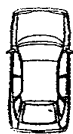
If **NO**, Driver Name / Age :

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

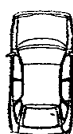
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices	100		
5. Fidelity	100		
6. Cyber Liability	100		
7. Umbrella	100		
8. Commercial Auto	100		
9. Workers Compensation	100		
10. Health Insurance	100		
11. Disability Insurance	100		
12. Life Insurance	100		
13. Bonding	100		
14. Other	100		

SMH 3603U



INRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SMH 3603U : GBK 2826P : NBA/CTI20010699/Y ; DOA : 02/10/2020		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: ☐ ☐	
PRELIMINARY ADVICE Date/Time:			Sent By:	
			Post-Repair Photos: ☐ ☐	
			Others: ☐ ☐	
FINALIZATION Date/Time:			Confirm with:	
			Confirm by: CKS	
Repair Cost: L/S S\$ 3,800.00 (4 days) Reduction: 72 %			Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 09.06.22 Confirm with JASON			Email ☐ Cal ☐	
Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :	
w/CST: \$4,066.00 S\$ 2,033.00 CONFLICTING VERSION				
Repair Cost: \$720 S\$ 360.00 (4 days) X \$180				
Loss of Rental (LOR): - S\$ - (\$ x days)				
Loss of Use (LOU): - S\$ - (\$ x days)				
Loss of Income (LOI): - S\$ - (\$ x days)				
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]				
GIA/LTA Search - S\$ -				
Medical: - S\$ -			1) Claim status: Normal/Reject/Private Settlement	
Disbursement: - S\$ - (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost - S\$ -			3) Survey fee: \$400	
Total: \$4,786.00 S\$ 2,393.00 Global Sum S\$: 2,400.00				
FINAL PAYMENT Date/Time: 09.06.22 Confirm with: JASON			Email ☐ Cal ☐	
Payee 1: S\$ 2,400.00 Name 1: FASTECH AUTO PTE LTD				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				