

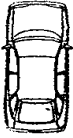
Surveyor: Kenneth

DOI: 14/10/2020

Date / Time : 16/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 3229H

Claim No. : _____

Name of Insured : MEISEI INTERNATIONAL PRIVATE LIMITED

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/10/2020

Place of Accident : _____

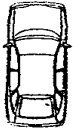
Is driver the owner? (YES / **NO**) Nature of Accident :

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

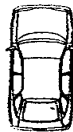
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ? Yes / No
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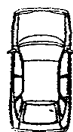
SHC 5990Z



INRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 5990Z : CC3/AIG10012400/Un1f2k2 ; DOA : 23/06/2010	STAGE	
	YP 3229H : NBA/LPC20011059/Y ; DOA : 13/10/2020	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:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days)	Reduction: %
			Email Call
FINAL SETTLEMENT		Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only	LOU only	LOR + LOU	LOR + LO [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
			Email Cal
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	