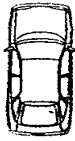


INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIANDOI: 28/10/2020Date / Time : 28/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLR 5529YClaim No. : S0M02W3VName of Insured : SRS AUTO HOLDINGS PTE. LTD.Policy No. : P2389165

Insured Tel No. : _____ HP: _____

Make / Model : KIA CERATO FORTE 1.6SX AT ABExcess Sec II :S\$ _____ D.O.A : 27/10/2020

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**SKF 8198ZINSRS:
WSP: Dynamic
Tel : Autowork
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	<u>SKF 8198Z - X</u>	<u>SLR 5529Y - X</u>	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
			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:	
Repair Cost: <u>L/SUM</u>	S\$ <u>5,500.00</u>	(<u>6</u> days) Reduction: <u>75</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
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 + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: <u>Normal/Reject/Private Settle</u> / <u>WP</u>	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$250.00</u>	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		