NS CASE OWNER: CC4/AIG20011849/Qp3 DAC:	15/5/2010		004/1100004	104040	I	.KK:	
Date / Time Sun Pin DOI: Date / Time 30/10/2020	INS. CASE OWNER:		CC4/AIG20011	1849/Qpa3	I	IDAC:	
Pre-assign / CCU / FTE	_		ASSIGN	MENT_			
Pre-assign / CCU / FTE	Surveyor:	Sun Pin	DOI: <u>05/11</u>	<mark>/2020</mark> Da	ate / Time: 30	/10/2020	
Insured Vehicle No. SKK 7236C	•					en: 30/10/2020	
Insured Vehicle No. SKK 7236C Claim No.	Pre-assign / CCU	/ FTE		100	gistered in iviering	<u> </u>	
Name of Insured		CIZIZ 7006C					
Insured Tel No. HP: Make / Model Excess See II ::8	Insured Vehicle No	SKK 7230C		Claim No. :			
Excess Sec II : :S D.O.A : 23/10/2020 10:40 Place of Accident : ALONG BOON LAY WAY	Name of Insured	:		Policy No. :			
Excess Sec II : :S D.O.A : 23/10/2020 10:40 Place of Accident : ALONG BOON LAY WAY	Insured Tel No.	:	HP:	Make / Model :			
Is driver the owner? (YES / NO) Nature of Accident : If NO, Driver Name / Age :				Place of Accident	ALONG BO	ON LAY WAY	
If NO, Driver Name / Age:	·		·	Trace of Accident			
Driver Tel No. :		,	Nature of Accident :				
NSRS: WSP: A T Auto Tel: Consultant Liability: RMKS: WSP: Tel: Tel: Liability: RMKS: RM		=					
INSRS: WSP: A T Auto Tel: Consultant Liability: Consultant Liability:	Driver Tel N	No. :	(V/L: YES / NO)	Insured Liability:	% F	inal? Yes/No	
WSP: A T Auto Tel: Liability: RMKS:	CB 6468Z		→			•	
WSP: A T Auto Tel: Liability: RMKS:	nyana	nyana a		nyana		Diana	
Tel: Liability RMKS R							
RMKS:			10-7		17		
Date/Time CB 6468Z - X SKK 7236C - X STAGE DATE/PIC Non-Reporting Itr (1st): Non-Reporting Itr (1st): Non-Reporting Itr (1st): Non-Reporting Itr (Final): Notification Itr (if non-pickup): Call 01: After call Itr to 01: Documentation Check List: Handler Typist Notification Itr (if non-pickup) After call Itr to 01: Authorisation To Act: Release Voucher: Authorisation To Act: Release Voucher:	Liability: Consul	Liabilit	y:	Liability:		Liability:	
CB 6468Z - X SKK 7236C - X STAGE DATE / PIC Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (2nd): Non-Reporting ltr (2nd): Non-Reporting ltr (1st): Non-Reporting ltr (1st): Non-Reporting ltr (1st): 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: Rele	RMKS:	RMKS		RMKS:		RMKS:	
Non-Reporting Itr (1st): Notification Itr (if non-pickup): Call Ol:	Date/ Time						
Non-Reporting Itr (2nd): Non-Reporting Itr (2nd): Non-Reporting Itr (2nd): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Non-Reporting Itr (Fin		CB 6468Z - X	SKK 7	236C - X st	AGE	DATE / PIC	
Non-Reporting Itr (Final): Notification Itr (Final): Notification Itr (Final): Section 1 Section 2 Section 3 S							
Notification Itr (if non-pickup):					1 0 1		
Documentation Check List: Handler Typist Notification Itr (if non-pickup)						•	
Notification ltr (if non-pickup)	9/11/2021	Pls refer to VIEWS	for details.	Af	ter call ltr to OI:		
After call ltr to O!: 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: Payment Breakdown Form: ELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: NALIZATION Date/Time: Confirm with: Date/Time: Confirm with: Date/Time: Others: NALIZATION Date/Time: Sent By: Post-Repair Photos: Others: Confirm by: Date/Time: Date/Time: Sent By: Post-Repair Photos: Others: In Mandate/Reject Instruction: LOD Payment Breakdown Form: Confirm by: Date/Time: Date/Time: Sent By: Post-Repair Photos: Others: In Mandate/Reject Instruction: LOD Payment Breakdown Form: Email Call The Mandate/Reject Instruction: LOD Date/Time: Sent By: Post-Repair Photos: Others: Confirm by: Date/Time: Date/Time: Sent By: Date/Time: Date/Time: Sent By: Date/Time: Date/Time: Sent By: Date/Time: Date/Time: Sent By: Date/Time: Date/Ti							
Authorisation To Act: Release Voucher:						pickup)	
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: Others: MALIZATION Date/Time: Confirm with: Confirm by:							
Mandate/Reject Instruction: LOD							
LOD				PII	R:		
Payment Breakdown Form: Post-Repair Photos: Others: Others: Others:				M	andate/Reject Instr	uction:	
Post-Repair Photos: Others: Ot							
Others: Othe						Form:	
NALIZATION Date/Time: Confirm with: Confirm by:	ELIMINARY ADVICE	Date/Time:	Sent By:		-		
Pair Cost: P/P S\$ 966.40 (3 days) Reduction: 92 % Email	NALIZATION	Data/Tima:	Confirm with				
NAL SETTLEMENT Date/Time: 19/11/2021 Confirm with Alan Email \(\subseteq \) Call val Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NII If NO or B 28, Ass. Lia: pair Cost: S\$ 966.40 ss of Rental (LOR): S\$ (days) ss of Use (LOU): S\$ 480.00 (\$120 x 4 days) ss of Income (LOI): S\$ (\$ x days) of only LOU only LOR + LOU LOR + LOI [Tick only one]					<u>`</u>	mail Call	
Assessed BOLA S/N No. : NII						Cail	
pair Cost: S\$ 966.40 ss of Rental (LOR): S\$ (days) ss of Use (LOU): S\$ 480.00 (\$120 x 4 days) ss of Income (LOI): S\$ (\$ x days) PR only LOU only LOR + LOU LOR + LOI [Tick only one]			7 11 411 1			 .ia :	
ss of Rental (LOR): S\$ (days) ss of Use (LOU): S\$ 480.00 (\$ 120 x 4 days) ss of Income (LOI): S\$, (\$ x days) OR only LOU only LOR + LOU LOR + LOI [Tick only one]			2 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25			•	
ss of Use (LOU):	-		days)				
OR only LOU only LOR + LOU LOR + LOI [Tick only one]							
			OR + LOI [Tick only on	ie]			

(e.g. Tow/ Independent)

AT AUTO CONSULTANT

Global Sum S\$: 1,450.00

Confirm with:

Name 1:

Name 2:

Name 3:

1) Claim status: Normal/Reject/P.

TP

\$320.00

2) Report Format:

Email Call

3) Survey fee:

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

1,453.85

s\$ 1,450.00

Medical:
Disbursement:

Legal Cost

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Total:

Payee 1: