

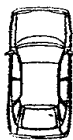
Surveyor: NAZ

DOI: 02/12/2020

Date / Time : 02/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 9237U

Claim No. :

Name of Insured : JSM CONSTRUCTION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 28/11/2020

Place of Accident :

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

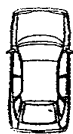
If **NO**, Driver Name / Age :

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

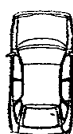
Driver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers Liability	100		
4. Employment Practices Liability	100		
5. Cyber Liability	100		
6. Umbrella Liability	100		
7. Commercial Auto Liability	100		
8. Watercraft Liability	100		
9. Aircraft Liability	100		
10. Marine Liability	100		
11. Construction Liability	100		
12. Pollution Liability	100		
13. Boiler and Machinery Liability	100		
14. Fidelity and Bond Liability	100		
15. Health and Welfare Liability	100		
16. Life and Accidental Death and Dismemberment Liability	100		
17. Disability Income Liability	100		
18. Long-Term Care Liability	100		
19. Retirement Plan Liability	100		
20. Other Insurance	100		

SHA 2554E



INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHA 2554E : NS/INC17007566/H1qbe2 ; DOA : 14/04/2017	STAGE	DATE / PIC	
	GBF 9237U : X	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:	
Repair Cost:	S\$ (days)	Reduction: %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Cal ☐
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 + 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:		