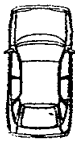


Surveyor: RASUL DOI: 04/03/2021 Date / Time : 02/03/2021
 Registered in Merimen: 02/03/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX 9490C Claim No. : MFL2021D0000848
 Name of Insured : _____ Policy No. : D20MFL0002095_01
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : 23.02.2021 18:30 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

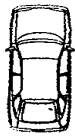
(V/L: YES / NO)

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

Insured Liability :

%

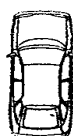
Final ? Yes / No

SMR 5421L

INSRS:
WSP: Trans Eurokars
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by: <u>LWP</u>
Repair Cost: <u>P/P</u> S\$ <u>3,647.31</u> (<u>3</u> days) Reduction: <u>40</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>23.08.21</u> Confirm with <u>MEI YEN</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>	
Repair Cost: <u>w/GST</u> S\$ <u>3,902.62</u>	<u>4VEH CC OID 2ND</u>	
Loss of Rental (LOR) <u>w/GST</u> S\$ <u>321.00</u> (<u>3</u> days) x \$100		
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\$ <u>7.45</u>		
Medical: S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ -	3) Survey fee: <u>\$350</u>	
Total: S\$ <u>4,231.07</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time: <u>23.08.21</u> Confirm with: <u>MEI YEN</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>4,231.07</u>	Name 1: <u>EUROKARS HABITAT PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	