No. No.	15/5/2010					LKK:
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It NO, Driver Name / Age :	Excess Sec II :SS	\$	D.O.A: 24/04/2021	Place of Accid	dent:	
IFNO. Driver Name / Age :	Is driver the own	vr2 (VEC /NO)	· <u></u>			
Driver Tel No. :		_	Nature of Accident.			
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INSRS: WSP: EURO SUCCESS Tal: Liability: RMKS: RM	Driver Te	1 No. :	(V/L: YES/NO)	Insured Liabil	ity: %	Final? Yes / No
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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 + LOL ITick only one GIA/LTA Search S\$ 1) Claim status: Normal/Reject/Private Settle Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: Legal Cost S\$ Global Sum S\$:	Repair Cost:	S\$ (days) Reduction:	%	<u> </u>	Email Call
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S\$

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Name 1:

Name 2:

Name 3:

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)