

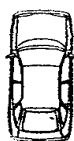
Surveyor: Adrian

DOI: 20/05/2021

Date / Time : 21/05/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 7363B

Claim No. :

Name of Insured : SENGKANG TRADING ENTERPRISE

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A:17/05/2021

Place of Accident : _____

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

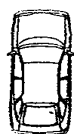
If **NO**, Driver Name / Age :

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

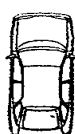
Driver Tel No. : (V/L: YES/ NO)

Insured Liability :	%	Final ? Yes / No
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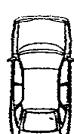
SMY 317B



INRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SMY 317B : X ; YP 7363B : X			
			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:	☐
PRELIMINARY ADVICE Date/Time:			Sent By:	
			Post-Repair Photos: ☐ ☐	
			Others: ☐ ☐	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost: L/SUM	S\$ 3,300.00 (5 days) Reduction: 55 %			Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/12/2021	Confirm with JOSEPH		Email ☒ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 3,531.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 350.00 (\$ 50 x 7 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
Medical:	S\$	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: 400.00		
Total:	S\$ 3,888.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Cal ☐
Payee 1:	S\$ 3,888.45	Name 1:	BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		