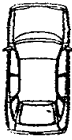


Surveyor: Taufikh

DOI: 31/05/2021

Date / Time : 31/05/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : YQ 2504P

Claim No. : _____

Name of Insured : X-TEAM LOGISTICS PTE LTD

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/05/2021

Place of Accident : _____

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

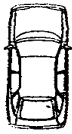
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Marine Liability		
11. Construction Liability		
12. Boiler and Machinery Liability		
13. Pollution Liability		
14. Product Liability		
15. Contractual Liability		
16. Other		

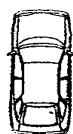
SHD 1240B



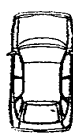
INRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHD 1240B : CC3/AIG16006771/H1ha3q2 ; DOA : 11/04/2016	STAGE DATE / PIC		
	YQ 2504P : X	Non-Reporting ltr (1st):		
	- Please check / verify OID DL	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:		