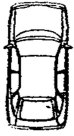


Surveyor: Kenneth DOI: 10/06/2021 Date / Time : 14/06/2021
 Registered in Merimen: —

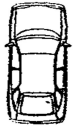
Pre-assign / CCU / FTE

Insured Vehicle No. : SMZ 108H
 Name of Insured : Seema Bhagwandas Sakhrani
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ D.O.A : 01/06/2021
 Is driver the owner? (☒ YES / NO) Nature of Accident : _____

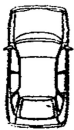
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

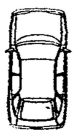
Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No****PC 7233T**

INSRS:
WSP: ALAN'S UNITED
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	PC 7233T : X ; SMZ 108H : 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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: KSC		
Repair Cost: L/S \$ \$ 950.00 (3 days' Reduction: 33 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 02.07.21 Confirm with KENNY Email ☐ Cal ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST \$ \$ 1,016.50	OID REVERSED AND HIT TP		
Loss of Rental (LOR): \$ \$ - (_____ days)			
Loss of Use (LOU): \$ \$ 600.00 (\$ 120 x 5 days)			
Loss of Income (LOI): \$ \$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]			
GIA/LTA Search \$ \$ 2.00			
Medical: \$ \$ -			
Disbursement: \$ \$ - (e.g. Tow/ Independent)			
Legal Cost \$ \$ -			
Total: \$ \$ 1,618.50	Global Sum \$ \$:		
FINAL PAYMENT	Date/Time: 02.07.21 Confirm with: KENNY Email ☐ Cal ☐		
Payee 1: \$ \$ 1,618.50	Name 1: ALAN'S UNITED AUTO PTE LTD		
Payee 2: (Strike if N.A.) \$ \$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) \$ \$ _____	Name 3: _____		