

Surveyor:

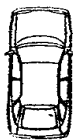
Rasul

DOI: 02/07/2021

Date / Time : 30/06/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8992P

Claim No. :

Name of Insured : SUCCESSOR BUILDERS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 29/06/2021

Place of Accident : _____

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

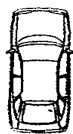
If **NO**, Driver Name / Age :

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

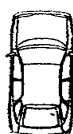
Driver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers Liability	100		
4. Employment Practices Liability	100		
5. Fidelity and Bonding	100		
6. Commercial Auto	100		
7. Commercial Property	100		
8. Marine	100		
9. Aviation	100		
10. Cyber Liability	100		
11. Environmental	100		
12. Health and Safety	100		
13. Product Recall	100		
14. Construction	100		
15. Other	100		

SLT 7310L



INRS:
WSP: AUTOMOTIVE
Tel : REPAIR
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLT 7310L : X ; YN 8992P : 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\$ 7,100.00 (10 days) Reduction: 49 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 22/11/2021 Confirm with SHUJUAN			Email ☒	Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 7,597.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 720.00 (\$ 60 x 12 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ 128.00	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\$ 8,447.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:			Confirm with:	Email ☐ Cal ☐
Payee 1:	S\$ 8,447.00	Name 1:	Automotive Repair Centre Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		