

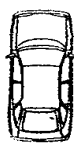
Surveyor: Naz

DOI: 14/07/2021

Date / Time : 14/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 4087C

Claim No. :

Name of Insured : Pro-Tac Motors Pte Ltd

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$S\$ D.O.A :09/07/2021

Place of Accident : _____

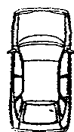
Is driver the owner? (YES / **NO**) Nature of Accident :

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

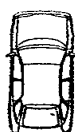
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO)

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. Other		

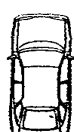
SFP 96T



INRS:
WSP: AP AUTOMOTIVE
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SFP 96T : X ; SMH 4087C : 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:	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	[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:		