

Surveyor:

Rasul

DOI:

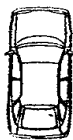
30/07/2021

Date / Time :

29/07/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 3964T

Claim No. :

Name of Insured : SAB LOGISTICS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A :23/07/2021

Place of Accident : \_\_\_\_\_

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

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

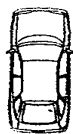
OI GIA REPORT: YES/ NO ; TP GIA REPORT: YES/ NO

Driver Tel No. :

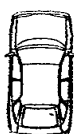
(V/L: **YES**/ NO )

Insured Liability :	%	<b>Final ? Yes / No</b>
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SHB 2293C



INRS:  
WSP:  
Tel : DING AUTOMOTIVE  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time					
	SHB 2293C : CC3/AXA11021470/H1q1c3c1 ; DOA : 15/10/2011 XD 3964T : CS3/ASM21008023/c ; DOA : 23/07/2021		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)	<input type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:		<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:			Sent By:		
			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION Date/Time:			Confirm with:		Confirm by:
Repair Cost:	L/S	S\$ \$15,400.00 ( 14 days) Reduction: \$22,497.79 % 59	Email	<input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 20/10/2021 Confirm with RENA			Email	<input checked="" type="checkbox"/>	Cal <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :			
Repair Cost:	S\$ 16,478.00 W/GST				
Loss of Rental (LOR):	S\$ 1,523.60 ( 20 days) x \$76.18 -35% RENTAL WAIVER	OI CHARGED FOR CARELESS DRIVING CAUSING HURT			
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ 1,000.00 (\$50 x 20 days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]				
GIA/LTA Search	S\$ 2.00				
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle			
Disbursement:	S\$ 75.00 (e.g. <input checked="" type="checkbox"/> Tow/ Independent )	2) Report Format: TP			
Legal Cost	S\$	3) Survey fee: \$400.00			
Total:	S\$ 19,078.60	Global Sum S\$: 19,050.00			
FINAL PAYMENT Date/Time:			Confirm with:		Email <input checked="" type="checkbox"/> Cal <input type="checkbox"/>
Payee 1:	S\$ 19,050.00	Name 1:	DING AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			