	15/5/2010 INS. CASE OWNER		CC6/III21008 ²	127/Ura3	LKK:			
	INS. CASE OWNER	Λ.	ASSIGNN	/FNT				
	Surveyor:	MARCUS	DOI: 02/08/202	1	Date / Time : 02/08/20	21		
	Pre-assign / CCU	/FTE			Registered in Merimen:)		
		PC 5900P						
	Insured Vehicle No). : FO 3300F		Claim No.	•			
H	Name of Insured	:		Policy No.	:			
	Insured Tel No.	:	HP:	Make / Model	:			
	Excess Sec II :S\$		D.O.A: 23/06/2021	Place of Accid				
	Is driver the owner		Nature of Accident :					
	If NO, Driver Name / Age:			OI GIA REPO	ORT: YES / NO ; TP GIA REPO	RT: YE	S/NO	
	Driver Tel 1	No.:	(V/L: YES / NO)	Insured Liabil	ity: % Final? Yo	es / No		
	JNB 5121							
-	INSRS:	INCDC.		INCDC.	TAIGE	N.C.		
	WSP: CHOO M	IOTOR INSRS: WSP:		INSRS: WSP:	INSR WSP			
HH	Tel:	Tel:	A-A	Tel:	Tel:			
	Liability : RMKS:	Liability		Liability:	Liabi			
		RMKS:		RMKS:	RMK	.5:		
	Date/ Time	INID 5404 V						
		JNB 5121 - X	PC 5900P	- X	STAGE	DAT	TE / PIC	
					Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
			Non-Reporting ltr (Final):					
12 10	2024	DI EACE DEEED	TO MENTED MOD	DE DETAIL	Notification ltr (if non-pickup):			
13.10).2021	*SLIBMIT DE IEC	E REFER TO VIEW FOR MORE DETAILS Call OI: MIT REJECT AS PER III INSTRUCTIONS After call Itr		After call ltr to OI:			
		SOBINIT REJECT AS PER III INSTRUCTIONS			Documentation Check List: H	andler	Typist	
					Notification ltr (if non-pickup)	Indici	Typist	
-					After call ltr to OI:			
			Reject Case	9	Authorisation To Act:			
			By (staff) : Jayl	in	Release Voucher:			
			Approved by : 4		Final Repair Bill:			
			Date : 14/10	/21.	Car Rental Invoice:			
					Towing Invoice			
					LTA / GIA :			
					Medical Bill:		1 -	=
					PIR:		-	=
-					Mandate/Reject Instruction: LOD			_
					Payment Breakdown Form:			
PRELIN	MINARY ADVICE Date/Time:		Sent By:	Sent By:				
	4				Post-Repair Photos: Others:			
	ZATION	Date/Time:	Confirm with:		Confirm by:			
Repair C	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	s\$ 6,000.00 (6	days) Reduction: 65	%	Email	Call		
FINAL S	SETTLEMENT		Confirm with		Email Call			
TURBLE 13	111111 V	LA Greed / A	ASSESSED BUILD SIN NO '		III NILLOR H /X Acc I to .			

		2011 2) .	Tost-Repair Frotos.
			Others:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	s\$ 6,000.00	(6 days) Reduction: 65 %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (A	greed / 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 + LOI [Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Trivate Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	*	3) Survey fee: 450.00
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	