

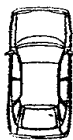
Surveyor: Kenneth

DOI: 17/08/2021

Date / Time : 13/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 491S

Claim No. :

Name of Insured : KOMOCO CAR RENTALS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 04/08/2021

Place of Accident : SENGKANG WEST ROAD MERGING TO CTE

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

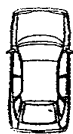
If **NO**, Driver Name / Age :

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

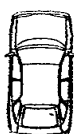
Driver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

PC 7320A



INRS:
WSP: GUAN MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	PC 7320A : X ; SMR 491S : X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	TPV: TOYOTA HAICE (2754cc)		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/S	S\$ 3,700.00 (5 days) Reduction: \$3,096.53 % 46		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/11/2021	Confirm with PANG	Email ☒ Cal ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28bij		If NO or B 28, Ass. Lia :	0%
Repair Cost:	S\$ 3,700.00			
Loss of Rental (LOR):	S\$ 750.00 (5 days) x \$150.00			
Loss of Use (LOU):	S\$ (\$ x days)			C.C (OI 2ND)
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.49			
Medical:	S\$		1) Claim status: ☐ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$350.00	
Total:	S\$ 4,457.49	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Cal ☐	
Payee 1:	S\$ 4,457.49	Name 1: GUAN MOTOR WORKS		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		