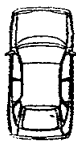


Surveyor: RASUL

DOI: 16/11/2021

Date / Time : 11/10/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBL 469U

Claim No. : D21002818MFCV

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model : BMW X3

Excess Sec II :S\$ D.O.A : 07/10/2021 11:40

Place of Accident : COSFORD ROAD

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

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

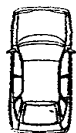
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

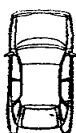
(V/L: YES / NO)

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		

SKT 2070Z



INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKT 2070Z - CS/CTI19022170/Etf3e2 ; 13.12.2019 GBL 469U - X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
23/12/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP REPORT AS PER FCI INSTRUCTION		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"/> <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: P/P	S\$ 4,006.10	(3 days)	Reduction: 30 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settlement WP
Legal Cost	S\$			2) Report Format: TP
				3) Survey fee: 215.00
Total:	S\$	Global Sum S\$: \$		\$140.00 + \$25.00 + \$50.00
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		