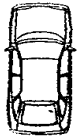


Surveyor: Rasul DOI: 21/12/2021 Date / Time : 20/12/2021
 Registered in Merimen: —

Pre-assign / CCU / FTEInsured Vehicle No. : YQ 2103MClaim No. : 21/21/22/VC05/025268Name of Insured : ARSEA PTE LTDPolicy No. : Z21VC05006758

Insured Tel No. : _____ HP: _____

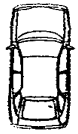
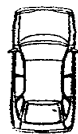
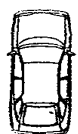
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/12/2021

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****SKL 885U**
 INSRs:
 WSP: **WEARNES**
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SKL 885U : X ; YQ 2103M : 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
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost P/P	S\$ \$9,363.44 (5 days) Reduction: 32 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 28/02/2022	Confirm with Christine	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 10,018.88			
Loss of Rental (LOU): w/GST	S\$ 695.50 (5 days) x \$130.00			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]				
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 10,714.38	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 10,714.38	Name 1:	Wearnes Automotive Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		