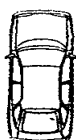


LKK:
IDAC:

Date / Time : 04/01/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 3057G

Claim No. : D22000047MFCV

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 31-12-2021

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 / 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. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Umbrella		
11. Other		

GBA 8209J



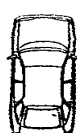
INRS: ASIA
WSP: MOTORSPORTS
Tel : SOLUTION
Liability: PTE LTD
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	GBG 3057G - X		Non-Reporting ltr (1st):	
	GBA 8209J - CS/INC14008201/T1vm3k3 ; 24/02/2014		Non-Reporting ltr (2nd):	
	NA/INC20010010/r3 ; 17/09/2020		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)	☐ ☐
			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:	CKS
Repair Cost:	L/S S\$ 4,500.00	(6 days) Reduction:	83 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		SURVEY FEE: \$410	
Loss of Rental (LOR):	S\$	(days)	TRIP: \$50 X2	\$591.00
Loss of Use (LOU):	S\$	(\$ x days)	PHOTO: \$81	
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/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP/WP	
Legal Cost	S\$		3) Survey fee: \$580	
Total:	S\$	Global Sum S\$:	APPROVED BY SWEE PENG VIA VIEWS	
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:		