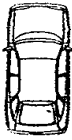


Surveyor: LTGDOI: 04/02/2022Date / Time : 27/01/2022Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 5949AClaim No. : S2M03ROHName of Insured : CLEAR LINK PRIVATE LIMITEDPolicy No. : VSX/P1937443

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 21/01/2022

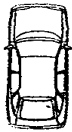
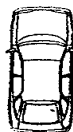
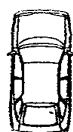
Place of Accident : _____

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**SMP 5997C →INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMP 5997C : X ; YP 5949A : X		STAGE	DATE / PIC
	- Please check / verify OID DL		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:	☐