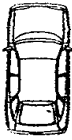


Surveyor: Adrian DOI: 08/02/2022 Date / Time : 08/02/2022
 Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5301M
 Name of Insured : TRANS-CAB SERVICES PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 08/02/2022

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

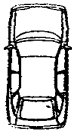
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

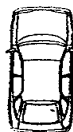
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

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

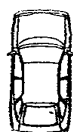
Insured Liability : _____ % **Final ? Yes / No**

SFM 7813K

INSRS:
WSP: JL PERFECT
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		
	SFM 7813K : CC3/AXA11001032/Gw2u2k2 ; DOA : 14/01/2011	STAGE DATE / PIC
	SHC 5301M : CS3/III18018893/Kga3e2 ; DOA : 14/10/2018	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 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: S\$ _____	(_____ days) Reduction: _____ %	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\$ _____		
Loss of Rental (LOR): S\$ _____	(_____ days)	
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 Settle
Disbursement: S\$ _____	(e.g. Tow/ Independent)	2) Report Format: _____
Legal Cost S\$ _____		3) Survey fee: _____
Total: S\$ _____	Global Sum S\$: _____	
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: _____	