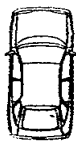


Surveyor: **Adrian**

DOI: 15/02/2022

Date / Time : 15/02/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 5552G

Claim No. : 21/22/22/VP05/025457

Name of Insured :

Policy No. : Z21VP05027870

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 13/02/2022 11:55

Place of Accident :

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

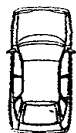
If **NO**, Driver Name / Age :

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

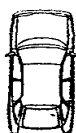
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Commercial Property		
9. Business Interruption		
10. Crime Insurance		
11. Fidelity Insurance		
12. Bonding		
13. Health Insurance		
14. Life Insurance		
15. Disability Insurance		
16. Workers Compensation		
17. Other Insurance		

SMT 8495T



INRS: Polymath
WSP: Garage
Tel : Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time						
	SMT 8495T - X		SLH 5552G - 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	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: L/sum			S\$ 4,000.00	(4 days) Reduction: 37 %	Email ☐	Call ☐
FINAL SETTLEMENT			Date/Time: 25/05/2022	Confirm with Sebastian	Email ☒	Call ☐
Final Liability:			% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:			S\$ 4,000.00			
Loss of Rental (LOR):			S\$ (days)			
Loss of Use (LOU):			S\$ 350.00 (\$ 70 x 5 days)			
Loss of Income (LOI):			S\$ (\$ x days)			
LOR only ☐			LOU only ☒	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search			S\$ 7.45			
Medical:			S\$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:			S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost			S\$	3) Survey fee: \$400.00		
Total:			S\$ 4,357.45	Global Sum S\$:		
FINAL PAYMENT			Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:			S\$ 4,357.45	Name 1:	Polymath Garage Pte Ltd	
Payee 2: (Strike if N.A.)			S\$	Name 2:		
Payee 3: (Strike if N.A.)			S\$	Name 3:		