

Surveyor:

RASUL

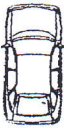
DOI:

05/04/2022

Date / Time : 05/04/2022

Registered in Merimen: 05/04/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNC 2852M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 02.04.2022 18:40

Place of Accident : UPPER THOMSON RD

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

If NO, Driver Name / Age : _____

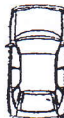
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

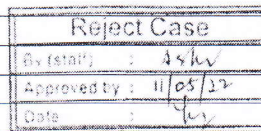
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 6292E

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLG 6292E - CC3/AIG20004392/Eba3n2 ; 21.03.2020	Non-Reporting ltr (1st):	
SNC 2852M - X	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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐



PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: MRB

Repair Cost: P/P S\$ 12,023.59 (6 days) Reduction: 28 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11.05.22 Confirm with EXC CHECK ITEM \$93.38

Email ☐ Call ☐

Final Liability: % 0

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$

TP MOVE OFF STATIONARY ENTER YELLOW BOX HIT O/D

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 + LOI ☐ [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: ~~Normal~~/Reject/~~Private Settlement~~

2) Report Format: TP

3) Survey fee: \$450

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: