	15/5/2010		CC6/CTI22008389/ea3			LKK: IDAC:
	INS. CASE OWNER:		ASSIGNMENT			
	Surveyor:		DOI:		- Date / Time : 29/08/2022 Registered in Merimen:	
	Pre-assign / CCU	/FTE			Registered in Wern	<u> </u>
	Insured Vehicle No	GBK 4550X		Claim No.	:	
	Name of Insured	:		Policy No.	:	
	Insured Tel No.	:	HP:	Make / Model		
	Excess Sec II :S\$		D.O.A: 23/08/2022 13:45	Place of Accide	ent: Open Spa	ice Carpark Near Verdun Road
	Is driver the owner	? (YES / NO)	Nature of Accident :			
	If NO, Driver Nan	ne / Age :		OI GIA REPOI	RT: YES / NO ; TP	GIA REPORT: YES / NO
	Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liabilit	y: %	Final? Yes/No
	GBC 6549E					→
	INSRS: WSP: Liu's Bro Tel: Auto Eng LiabilityWorksho RMKS:	gineering Tel:	ıy:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
	Date/ Time					
	CS/CTI21 550X - X	002787/Uvd3q2 10/03/2	Name Vehicle No. TP Vehicle 2021 GBC 6549E XE 1084R	25/02/2021 11	Non-Reporting ltr (2) Non-Reporting ltr (Figure 1) Non-Reporting ltr (Figure 1) Notification ltr (if no Call OI: After call ltr to OI: Documentation Che Notification ltr (if no After call ltr to OI:	st): nd): inal): on-pickup): eck List: Handler Typist on-pickup)
					Authorisation To Act Release Voucher:	
					Final Repair Bill: Car Rental Invoice:	
					Towing Invoice	
					LTA / GIA :	
					Medical Bill: PIR:	
					Mandate/Reject Ins	struction:
					LOD	Un Formu
PRELIM	IINARY ADVICE	Date/Time:	Sent By:		Payment Breakdow Post-Repair Photos	
			·		Others:	
FINALIZ		Date/Time:	Confirm with:		Confirm by:	
Repair C	ost:	S\$ (days) Reduction:	%	~	Email Call Call
FINAL S	SETTLEMENT bility:	Date/Time: (Agreed /	Confirm with Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass	Lia ·
Repair C		S\$	Assessed) BOLA 5/1V IVO		II NO 01 B 20, Ass	. Lia .
_	Rental (LOR):	S\$ (days)			
Loss of U	Jse (LOU):	S\$ (\$ x	days)			
	ncome (LOI):	S\$ (\$ x				
LOR only	•		LOR + LOI [Tick only one]			
GIA/LTA		S\$			1) Cl-1	
Medical: Disburse		S\$ S\$	(e.g. Tow/ Independent)	<u> </u>	Claim status: No Report Format:	ormal/Reject/Private Settle
Legal Co		S\$	(c.g. 10w/ macpendent)	,	3) Survey fee:	
Total:		S\$	Global Sum S\$:			<u> </u>

FINAL PAYMENT

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

Payee 1:

Date/Time:

S\$

S\$

S\$

Confirm with:

Name 1:

Name 2:

Name 3:

Call

Email