	15/5/2010				CC4/AIS22009506/pa					LKK:					
INS. CASE OWNER:			CC4/AIS22008506/pa						10	IDAC:					
						AS	SIGNM	ENT							
	Surveyor:	DOI:								Date / Time: 31.08.2022					
	•								Regis	tered in Me	rimen:	31.08	3.202	22	
	Pre-assign / CCU	/ FTE							Ü						
	Y 137 1 1 37		SMV 3	8830				CI : M							
	Insured Vehicle No	). : -	OIVI V O	000D				Claim No.	: -					-	
	Name of Insured	: .						Policy No.	: _						
	Insured Tel No.	:			HP:			Make / Model	:						
	Excess Sec II :S\$	-			D.O.A : 1	5/08/2022	08:28	Place of Accid	ent:	BKE, Sin	gapore				
	Is driver the owner	?	( YES / N	10)	Nature of A	accident:			_						
				, ,		· · · · · · · · · · · · · · · · · · ·		OLCIA DEDO	DT. VI	70 / NO . T	D CIA I	DEDODT, V	ZEC / NI	0	
	If <b>NO</b> , Driver Nan Driver Tel 1		(V/L: YES / NO )			Insured Liabili	ES / NO ; TP GIA REPORT: YES / NO  % Final ? Yes / No								
					(*/	E. TESTITO	<del>,</del>	msarca Etabin			1 11161	1 1 1 1 1 1 1 1 1			
	SMM 848Z		<b></b>			<b></b>				_	<b>→</b>			_	
	INSRS:			INSRS:				INSRS:				INSRS:			
	WSP: C & C K	(IA		WSP:				WSP:				WSP:			
HH	Tel:		H	Tel:		H		Tel:		H		Tel:			
	Liability : RMKS:			Liability RMKS:	· :			Liability : RMKS:				Liability : RMKS:			
		1		KWK5:				KIVIKS:				KWK5.			
	Date/ Time	0141	10107				1) / 000	0D V	am					-~	
		SIMIN	1 848Z	- X		SI	/IV 388	3D - X	STAG Non-R	Reporting ltr	(1et)·	D	ATE / P	ic	
We have detected that there is already an active claim within 1 day of the Da						the Date	e of Loss.	Non-Reporting ltr (2nd):							
SMM848Z Date of Loss: 15/08/2022 (OD)								Non-Reporting ltr (Fin							
		(Singapore) Pte. Ltd.								Notification ltr (if non-pickup):  Call OI:					
										call ltr to OI:					
Please	CONFIRM that t	nis is N	OT the sa	ame case	you are	creating.			Docur	mentation C	heck Lis	st: Handler	Тур	oist	
										cation ltr (if		up)	<u> </u>		
										call ltr to OI:			┽		
										risation To A	Act:		┽		
									-	Repair Bill:			╡	$\vdash$	
										ental Invoice	:		=		
									_	g Invoice					
									LTA /	GIA:					
									+	al Bill:					
									PIR:				┥	<u> </u>	
									Mand LOD	late/Reject I	nstructio	on:	┽		
									_	ent Breakdo	own For	<u>∟</u> m:			
PRELIN	IINARY ADVICE	Date/Ti	me:		S	Sent By:				Repair Phot					
						•			Other	_ •					
FINALIZ	ZATION	Date/Ti	me:		(	Confirm with:			Conf	ïrm by:					
Repair Co		S\$		(		Reduction:		%			Email	Call			
	SETTLEMENT	Date/Ti			Confirm wi				Email						
Final Lial Repair Co		% S\$		(Agreed / A	Assessed) E	BOLA S/N No	o. :		II NO	or B 28, A	ss. L1a :				
	Rental (LOR):	S\$		(	days)										
	Jse (LOU):	S\$	(\$	x	days)										
	ncome (LOI):	S\$	(\$		days)									·	
LOR only	•		OR + LOU	LC LC	OR + LOI	[Tick	only one]								
GIA/LTA		S\$ S\$							1) (7	im ctat N	Jorna - 17	Daigat/D-:-	to C=441	2	
Medical:		O.D							1) Cla	aim status: N	voi mai/l	reject/Pfiva	ic settle	c	

(e.g. Tow/ Independent )

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

2) Report Format:

Call

3) Survey fee:

Email

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Legal Cost
Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time: