

Surveyor: KSU DOI: 2610917 Date / Time: 26/09/17 Registered in Merimen: _____

Pre-assign / CCU / FTE

5709951G

Insured Vehicle No. : _____ Claim No. : 1201700005896
 Name of Insured : WOOD CHANG WAH Policy No. : PNPV2017-00003064
 Insured Tel No. : _____ HP: 9190 4307 Make / Model : SUBARU IMPREZA 1.5A
 Excess Sec II :SS _____ D.O.A : 18/09/2017 Place of Accident : YISHUN INDI PARK
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : LM CHOON HWA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : 96944587 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

828888P

 INSRs: WSP: <u>MBM</u> Tel: Liability: RMKS:	 INSRs: WSP: Tel: Liability: RMKS:	 INSRs: WSP: Tel: Liability: RMKS:	 INSRs: WSP: Tel: Liability: RMKS:
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Date/Time	STAGE	DATE / PIC
<u>2/1/17</u>	<u>828888P - X; 5709951G - X</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
<u>2/1/17</u>	<u>EMAIL WSP LIABILITY CLIMATE</u>	Notification ltr (if non-pickup): Call OI: After call ltr to OI:
<u>7/1/2022</u>	<u>Kenneth ask to open TP RS \$461K</u> <u>* TP pass lawyer</u> <u>of submit up to PWD.</u>	Documentation Check List: Handler Typist Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/> Release Voucher: <input type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> Towing Invoice <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> LOD <input type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: 1 SUM S\$ 46000.00 (24 days) Reduction: 47 % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL 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 + LOI [Tick only one]
 GIA/LTA Search S\$ _____
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 Total: S\$ _____ Global Sum S\$: _____
 1) Claim status: Normal/Reject/Private Settlem MP
 2) Report Format: TP
 3) Survey fee: \$250.00

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:	_____