

INS. CASE OWNER: Ming Yao

CC 3 / AIG17022424 / 1 KHA39

LKK:
IDAC:

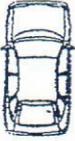
Surveyor: KALVIN

DOI: 23/11/17

Date / Time: 23/11/17

Registered in Merimen: 24/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 3805Y

Claim No. : 85655247585G

Name of Insured : HUI DUNG LOUNG

Policy No. : 2100459977

Insured Tel No. : HP: _____

Make / Model : NISSAN QASHQAI - 1.2 (A)

Excess Sec II : SS _____ D.O.A : 22/11/17

Place of Accident : 701A YISHUN AVE S

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

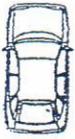
If NO, Driver Name / Age: TAY LI LI

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

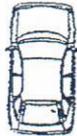
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 4226J



INSRS: WSP: COGE (Loyang)
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date / Time

Date / Time	STAGE	DATE / PIC	
(28/11/17) - vic 26-12-17 @ 5PM 28/11/17	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:	28/11/17	
	After call ltr to OI:	JOY - OWNER	
	Documentation Check List:	Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI: (OWNER)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA :	<input checked="" 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 checked="" 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: PIP \$S 1,670.24 (2 days) Reduction: 54 %

FINAL SETTLEMENT Date/Time: 28/11/17 Confirm with: COCHA

Final Liability: % 100% (Agreed / Assessed) BOLA S/N No.: 24

Repair Cost: (w/acc) \$S 1,787.16

Loss of Rental (LOR): \$S 312.50 (2.5 days) x \$125.00

Loss of Use (LOU): \$S 125.00 (\$ 50 x 2.5 days)

Loss of Income (LOI): \$S - (\$ x days)

LOR only [] LOU only [] LOR + LOU [] LOR + LOI [] [Tick only one]

GIA/LTA Search \$S 5.35

Medical: \$S -

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

Legal Cost \$S -

Total: \$S 2,230.01 Global Sum \$S: 2,230.00

FINAL PAYMENT Date/Time: Confirm with: Email [] Call []

Payee 1: \$S 2,230.00 Name 1: COMPOTREBRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$S - Name 2: -

Payee 3: (Strike if N.A.) \$S - Name 3: -