| 153/2015  | Ti and the same of  |  | (/ )LKK:  |                     |
|---|---|--|---|---------------------|
| NE CASE OWNER   | Saling CC6 / AIG1702  | 3372 1   | Uhaz / DAC:   |                     |
| - er- e2.01:  | MARCUS DOI:O3/  | 12/2   |   | 3/12/17             |
| Pre-assign / CCU  | / FTE   | 8  | Registered in Merimen:  | 03/12/17            |
| Insured Vehicle No  | SBP 1213M   | Claim No.  | 518411245   | 220                 |
| Name of Insured   | SEET KENG SENG  | Policy No.   | : 20018205  | 100                 |
| Insured Tel No.   | HP: 9620 7914   | Make / Model   | NIISSAN CATI  | O CUT I.V. AR       |
| Excess Sec II :SS   | D.O.A: 07/2/17  | Place of Acciden   | DIATRBAG 2 WD   | AVE I STANCE        |
| Is driver the owner   | Tamme of Accident   |  | TURNING ONTO  | LOR CHOM            |
| If NO, Driver Na<br>Driver Tel  |   | OI GIA REPOR<br>Insured Liability  | TPS/NO; TP GIA REPO<br>y: % Final?  |                     |
| SLJ 1206  | <u> </u>  |  |   |                     |
| INSRS:<br>WSP; Pegesus<br>Tol:<br>Liability:<br>RMKS:   | INSRS: WSP: Tel: Liability: RMKS:   | DNSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS:  | WS<br>Tel<br>Lia  |                     |
| Date/ Time  |   |  |   |                     |
|   | SET 1206Y - NALAZGITO 22262/24 DO   | the state of the s | STAGE<br>Non-Reporting ltr (1st):   | DATE / PIC          |
| 20/12/17 (VIC)  | - MANAGE 17023262/24 ON   | 04/12/17   | Non-Reporting ltr (2nd):  |                     |
|   | GIA 9 SCENE PHOTO SHOWED B  | 27.100%  | Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup):   |                     |
| 21-12 =17@ 958 AM - NO ANSWER   |   | After call for to OI: OHOULS - Utc olc   |   |                     |
| 27-12-17 05   | 21-12-17@5:52PM - NO ANSWER<br>22-12-17 @4:51PM - NO ANSWER.  |  | Documentation Check List: Handler Typist  |                     |
|   | TISTIN PO ANSWER.   |  | Notification ltr (if non-pickup)<br>After call ltr to OI:   |                     |
| 3 1 18 A 11-09 AM   | 3/1/18/A 11:09 am - Called IO my sect 9620 7914 but no response -   |  | Authorisation To Act:<br>Release Voucher  |                     |
| 04/01/18  |   |  | Final Repair Bill:  |                     |
|   | - TY LOD IN BY BURLL  |  | Car Rental Invoice:<br>Towing Invoice   |                     |
| <b>७५०२१७</b>   | - 44 rop in al entir CEINED   | E Will warm  |   |                     |
|   |   | 2010   | LTA/GIA:  |                     |
| 04/07/18  | - 98MD 1ST OPPER TO TP.   | 5 JUL 2018   | Medical Bill:   |                     |
| 0 1/103 1/8   | - the hoop to order.  | JUL 2018   |   |                     |
| 0 1/103 1/8   | - TY ACCEPTED OFFER.  | JUL 2018   | Medical Bill: PIR: Mandate/Reject Instruction: LOD  |                     |
| PRELIMINARY ADVICE  | - the book in order.  | JUL 2018   | Medical Bill; PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form:  |                     |
| PRELIMINARY ADVICE  | Date/Time: Sent By:   | 2018   | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others:  |                     |
|   | Date/Time: Sent By:  Date/Time: Confirm with:   |  | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by:  |                     |
| PRELIMINARY ADVICE FINALIZATION Repair Cost U6 FINAL SETTLEMENT   | Date/Time: Sent By:  Date/Time: Confirm with:  SS 3,500.00 ( 5 days) Reduction:  Date/Time: O4 02 18 Confirm with   | %  | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others:  | Call                |
| FINALIZATION Repair Cost: U6 FINAL SETTLEMENT Final Liability: Repair Cost: (WG57)  | Date/Time: Sent By:  Date/Time: Sent By:  Date/Time: Confirm with:  SS 3,500.00 (5 days) Reduction:  Date/Time: 04 07 18 Confirm with  % 100 (Afroid / Assessed) BOLA S/N No.:  | %  | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email  |                     |
| FINALIZATION Repair Cost: U.6 FINAL SETTLEMENT Final Liability: Repair Cost: (W.GST) Loss of Rental (LOR): Loss of Use (LOU):   | Date/Time: Sent By:  Date/Time: Sent By:  Date/Time: Confirm with:  SS 2,500.00 (5 days) Reduction:  Date/Time: 04 07 18 Confirm with  % 100 (Afroid / Assessed) BOLA S/N No.:  SS 3,745.00  SS - ( days)  SS - (\$ x days)   | %<br>5AC   | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia;   | DAD Lb)             |
| FINALIZATION Repair Cost: U6 FINAL SETTLEMENT Final Liability: Repair Cost: (U697) Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search  | Date/Time:  Date/Time:  Sent By:  Confirm with:  SS 2,500.00 (5 days) Reduction:  Date/Time: 04 07 18 Confirm with  MANUAL CONFIRM WITH  MANUAL CONFIRM WITH  SS 3,745.00  SS 4 days)  SS - (\$ x days)  SS - (\$ x days)   | %<br>SNS<br>74   | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia:   | DAD Lb)             |
| FINALIZATION Repair Cost: U6 FINAL SETTLEMENT Final Liability: Repair Cost: (WG57) Loss of Rental (LOR): Loss of Use (LOU): Loss of income (LOI): LOR only LOU only GIA/LTA Search Medical:   | Date/Time: Sent By:  Date/Time: Sent By:  Date/Time: Confirm with:  SS 3,500.00 (5 days) Reduction:  Date/Time: 04 0213 Confirm with  % (Afeed / Assessed) BOLA S/N No.:  SS 3,445.00  SS - (days)  SS - (s x days)   | % % % 74<br>24   | Medical Bill: PTR:  Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia: COLLONG.   | res (97 and         |
| FINALIZATION Repair Cost: U.G. FINAL SETTLEMENT Final Liability: Repair Cost: (W.G.) Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost  | Date/Time:  Date/Time:  Sent By:  Confirm with:  S\$ 3,500.00 ( 5 days) Reduction:  Date/Time: 04 0213 Confirm with  (Afred / Assessed) BOLA S/N No.:  S\$ 3,445.00  S\$ (\$ x days)  | % % % 74<br>24   | Medical Bill: PIR:  Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia: COLLAND-COLLAND 1) Claim status: Namal/Re 2) Report Format:                  | res (97 and         |
| FINALIZATION Repair Cost: UG FINAL SETTLEMENT Final Liability: Repair Cost: (UGC) Loss of Rental (LOR): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total:   | Date/Time:  Date/Time:  Sent By:  Confirm with:  SS 2,500.00 (5 days) Reduction:  Date/Time: 04 07 18 Confirm with  MANUAL CONFIRM:  SS 3,745.00  SS 4 days)  SS - (\$ x days)  SS - (\$ x days)  SS - (\$ x days)  LOR+LOU LOR+LOI Tick only on SS 55  SS - (c.g. Tow/ Independents SS 5,7450.05  SS - (SS - (SS - CSS - C   | % % % 74<br>24   | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form; Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia: COLLEGAL  1) Claim status: Narroal/Re 2) Report Format; 3) Survey fee;        | pero (P)            |
| FINALIZATION Repair Cost: U.G. FINAL SETTLEMENT Final Liability: Repair Cost: (W.G.) Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost  | Date/Time:  Date/Time:  Sent By:  Confirm with:  SS 2,500.00 (5 days) Reduction:  Date/Time: 04 07 18 Confirm with  MANUAL CONFIRM WITH  | % % % % % % % % % % % % % % % % % % %  | Medical Bill:  PTR:  Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos: Others: Confirm by:  Email Email If NO or B 28, Ass. Lia: COLLONGO LONGO 1) Claim status: Narmal/Re 2) Report Format: 3) Survey fee: | Ject/Private Settle |
| PRELIMINARY ADVICE  FINALIZATION  Repair Cost: US  FINAL SETTLEMENT  Final Liability: Repair Cost: (US)  Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only  GIA/LTA Search  Medical: Disbursement: Legal Cost  Total:  FINAL PAYMENT | Date/Time:  Date/Time:  Sent By:  Confirm with:  S\$ 2,500.00 ( 5 days) Reduction:  Dete/Time: 04 07 18 Confirm with  % 100 (Afroid / Assessed) BOLA S/N No.:  S\$ 445.00  S\$ 4 days)  S\$ - (\$ x da | % % % % % % % % % % % % % % % % % % %  | Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form; Post-Repair Photos: Others: Confirm by: Email Email If NO or B 28, Ass. Lia: COLLEGAL  1) Claim status: Narroal/Re 2) Report Format; 3) Survey fee;        | Ject/Private Settle |