

CASE OWNER: None

cc3, CT11800947, K1jaz34

LKK:
IDAC:

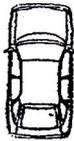
Surveyor: Ank

DOI: 15/1/18

Date / Time: 15/1/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

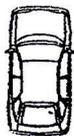


Insured Vehicle No. : YP 77 Z
 Name of Insured : PENG BONG FOOD ENTERPRISE
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS _____ D.O.A: 17/01/2018
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : LI QING
 Driver Tel No. : 90553158 (V/L: YES/NO)

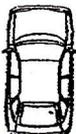
Claim No. : SMM18D09280C02
 Policy No. : DMVSN5107401701
 Make / Model : HINO
 Place of Accident : UPPER PICKERING RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

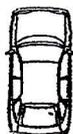
SH 74414



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



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



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



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
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Date/Time	STAGE	DATE / PIC
<u>19/1/18</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: <u>330422-2-18</u> After call ltr to OI:	
<u>19-1-18 @ 1135</u>	OIC MR NG CONFIRMED DID CHANGED LANE, AGREED TO SETTLE. WILLING FOR PRIVATE SETTLEMENT.	
<u>2-22-18</u>	10 DAYS LETTER TO OI TO REVERT OTHERWISE WE WILL SETTLE ACCORDINGLY.	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<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 checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" 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: \$\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: 22-2-18 Confirm with WILLIAM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15
 Repair Cost: GST \$ \$ 2,300.50
 Loss of Rental (LOR): \$ \$ 343.87 (3.5 days) X 98.25
 Loss of Use (LOU): \$ \$ _____ (\$ _____ x _____ days)
 Loss of Income (LOI): \$ \$ 175.4 (\$ 50 x 3.5 days)

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

GIA/LTA Search \$ \$ 7.49
 Medical: \$ \$ _____
 Disbursement: \$ \$ _____ (e.g. Tow/Independent)
 Legal Cost \$ \$ _____

Total: \$ \$ 2,826.87 Global Sum \$ \$ 2,825.47

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

Payee 1: \$ \$ 2,825.47 Name 1: COMFORTDELGRO ENGINEERING PTE LTD

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

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

COPY SENT
6/3/18

ENTERED 08 MAR 2018