

INS. CASE OWNER: Boon SenCC 3 / CTI180 02198 / KH23

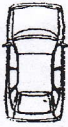
LKK:

IDAC:

Surveyor: KALVINDOI: 02/02/18Date / Time: 02/02/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX 2064XClaim No. : SNM18D00610C02Name of Insured : HO BOON CHONGPolicy No. : 0MPCSN1691161701Insured Tel No. : _____ HP: 9382 8825Make / Model : BMW 730LI AT ABS DIAB 2WD 40RExcess Sec II : S\$ _____ D.O.A : 31/01/18Place of Accident : NAY HIO SR PEE TOWARDS CHANGE AIRPORT AFTER EUNOS EXITIs driver the owner? (YES / NO) Nature of Accident : _____

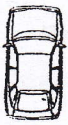
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L (YES / NO))

Insured Liability : _____ % Final ? Yes / No

SLP 745HSKX 2064XSHC 866H

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP: (DGE (LOR))

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 866H - CS/FCI15011810/119663 DOA: 07/07/15
J-NC/ENC1000260/Fn DOA: 06/07/15
SKX 2064X - C6/AIG1701855/UA3XX DOA: 26/09/15

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

☐ ☐ ☐

Confirm by:

PRELIMINARY ADVICE Date/Time: 06/02/18Sent By: Shirley Hwe

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: US S\$ 4,950.00 (3 days) Reduction: 50 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 13/08/18Confirm with: WILLIAMEmail ☐ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28If NO or B 28, Ass. Lia : 0%Repair Cost: (20/1/90) S\$ 5,296.50(3 Veh. cc.; 01 2nd)Loss of Rental (LOR): S\$ 839.00 (5 days) x \$ 167.80Loss of Use (LOU): S\$ 250.00 x 5 days)Loss of Income (LOI): S\$ — (\$ x days)LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]GIA/LTA Search S\$ 7.49Medical: S\$ —Disbursement: S\$ —Legal Cost S\$ —Total: S\$ 6,392.99 Global Sum S\$: 6,390.001) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 6,390.00Name 1: COMFORTDELTA ENGINEERING PTE LTDPayee 2: (Strike if N.A.) S\$ —Name 2: —Payee 3: (Strike if N.A.) S\$ —Name 3: —