

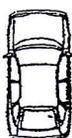
Pre-assign / CCU / FTE



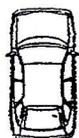
Insured Vehicle No. : 66P 85433
 Name of Insured : Amly P/L
 Insured Tel No. : _____ HP: _____
 Excess Sec II : SS _____ D.O.A : 3/1/18
 Is driver the owner? (YES / NO) _____ Nature of Accident : _____
 If NO, Driver Name / Age : Low Soon GBE
 Driver Tel No. : 90701166 (VL: YES / NO) _____

Claim No. : S8moo800
 Policy No. : VCAPI916531
 Make / Model : Prot 0560
 Place of Accident : But 270 Bangkok Rd Clp
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

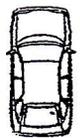
SHC 22517



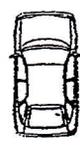
INSRS: WSP: WONG
 Tel : _____
 Liability : _____
 RMKS: _____



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



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



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

Date/Time	STAGE	DATE / PIC
<u>27-2-18 @ 11:2 AM - NO ANSWER.</u>	Non-Reporting ltr (1st):	NA
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>27-2-18 @ 1:38 PM - W/OI & OIC MS. LOO CONFIRMED 4WS, AGREED TO LETTE & AWARE NCD ISSUE.</u>	Call OI:	<u>204 27-2-18</u>
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

RECEIVED 1 MAY 2018

PRELIMINARY ADVICE Date/Time: 2/2/18 Sent By: Amly

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: 3/5/18 Confirm with: Amly Email Call

Final Liability: % 50 (Agreed/ Assessed) BOLA S/N No. : 246 If NO or B 28, Ass. Lia : _____
 Repair Cost: S\$ 3,310.49 @ 50% → 1,655.25
 Loss of Rental (LOR): S\$ 351.00 (3 days) X 117 = 175.50
 Loss of Use (LOU): S\$ 150 (\$ 50 x 3 days) = 75.00
 Loss of Income (LOI): S\$ _____
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one] 1,905.75 11/2/18
 GIA/LTA Search S\$ 7.49
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent) 1,913.24
 Legal Cost S\$ _____
 Total: S\$ 3,818.98 Global Sum S\$: _____

COPY SENT 10/5/18

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

Payee 1: S\$ 1,913.24 Name 1: COMFORTDELGRO ENGINEERING PTE LTD
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____