

12/18/18/4005/020493

Claim No. :  
 Policy No. :  
 Make / Model : **BMW 523**  
 Place of Accident : **177 Tanjung Pagar Rd**

HP: **96258076**  
 D.O.A: **24/3/18**

Is driver the owner? (  / NO )

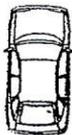
Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : **82832** (V/L:  / NO)

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

Insured Liability : % Final ? Yes / No

	INSRS: WSP: <b>Wase</b> Tel: Liability: <b>Involved</b> RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
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Date/ Time	STAGE	DATE / PIC
<b>19/4/18</b>	Non-Reporting ltr (1st):	
<b>18/4 11.27am</b>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	<b>NA</b>
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: **14/4/18** Sent By: **Am**

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

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

**FINAL SETTLEMENT** Date/Time: **27-9-18** Confirm with: **JEN** Email  Call

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

Repair Cost: **S\$ 16,331.04**

Loss of Rental (LOR): S\$ ( days)

Loss of Use (LOU): S\$ **750** (\$ **150** x **5** days)

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

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

GIA/LTA Search S\$ **2.00**

Medical: S\$

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

Legal Cost S\$

**Total: S\$ 17,083.04 Global Sum S\$:**

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

Payee 1: S\$ **17,083.04** Name 1: **STUTEART AUTO PTE LTD**

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

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

**OI HIT PARKED TP**  
**CONSENT**  
**14/4/18**