

INS. CASE OWNER:

CC 3 / AIG1800 6291, #1 h63

LKK:

IDAC:

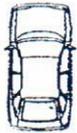
Surveyor: Falvin

DOI: 4/4/18

Date / Time: 4/4/18

Registered in Merimen: 5/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 49644
 Name of Insured : UMIA PENN SING
 Insured Tel No. : _____ HP: 91579465
 Excess Sec II : \$S _____ D.O.A : 3/4/18
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 673 000062656
 Policy No. : 2100478405
 Make / Model : HO WDR
 Place of Accident : SIN MING AVE

If NO, Driver Name / Age : _____
 Driver Tel No. : _____ (V/L: YES / NO)

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

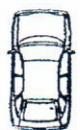
SJA 2456E



INSRS: WBE
 WSP: M
 Tel: _____
 Liability: _____
 RMKS: _____



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



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



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

Date/Time	STAGE	DATE / PIC
<u>4/4/18</u> <u>MC</u>	<u>SJA 2456E - X</u> <u>MANAGED.</u>	<u>SJH 49644 - P</u>
<u>10/04/18</u> <u>1:30PM</u>	<u>SPONS TO OI. CONFIRMED ACCIDENT</u> <u>DETAILS IN REAR-EMBED TP. INFORMED</u> <u>TP CLAIM, AGREED TO SETTLING IN AWAITS</u> <u>NCD ISSUES. SEND LETTER IN BUNDLE TO</u> <u>OI.</u>	<u>10/04/18 - vic</u>
<u>16/04/18</u> <u>17:04/18</u>	<u>ORIGINAL TP LOW IN.</u> <u>SEND 1ST OFFER TO TR.</u> <u>TP ACCEPTED OFFER.</u> <u>ALL DOCS IN ORDER.</u> <u>TO CLOSE.</u>	

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Confirm by: _____
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>PIP</u>	\$S <u>2,377.03</u> (<u>3</u> days)	Reduction: <u>41</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>17/04/18</u>	Confirm with: <u>COICUK</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed)	BOLA S/N No.: <u>24</u>	If NO or B 28, Ass. Lia: <u>COI REAR-EMBED TP</u>
Repair Cost: <u>(w/ass)</u>	\$S <u>2,479.22</u>		
Loss of Rental (LOR):	\$S <u>250.80</u> (<u>2</u> days) <u>X 125.40</u>		
Loss of Use (LOU):	\$S <u>100.00</u> x <u>2</u> days		
Loss of Income (LOI):	\$S <u>-</u> (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S <u>7.49</u>		
Medical:	\$S <u>-</u>		1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	\$S <u>-</u> (e.g. Tow/Independent)		2) Report Format:
Legal Cost	\$S <u>-</u>		3) Survey fee: <u>\$320.00</u>
Total:	\$S <u>2,837.51</u>	Global Sum \$S: <u>2,830.00</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S <u>2,830.00</u>	Name 1: <u>COMFORTBELGIO ENGINEERING PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S <u>-</u>	Name 2: <u>-</u>	
Payee 3: (Strike if N.A.)	\$S <u>-</u>	Name 3: <u>-</u>	