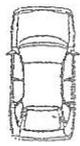


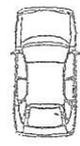
Surveyor: AWK DOI: 315/18 Date / Time: 31/5/18

Pre-assign / CCU / FTE

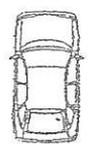


Insured Vehicle No. : GBD 6287E Claim No. : SWM1800 2772 002
 Name of Insured : SING SOLID SURFACE P/L Policy No. : DMCVN1701561801
 Insured Tel No. : _____ HP: _____ Make / Model : TOYOTA
 Excess Sec II :SS _____ D.O.A : 27/4/18 Place of Accident : BUKIT PANJANG BUKIT RD
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : Amin Ruffal OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : 97385249 (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

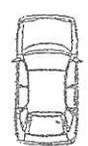
SHC 2005 M



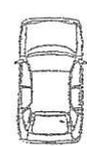
INSRS: _____
 WSP: CD66 loyang
 Tel: _____
 Liability: _____
 RMKS: _____



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



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



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

Date/Time	STAGE	DATE / PIC
<u>11/18</u> <u>AWK</u>	<u>SHC 2005 M - X; GBD 6287E - X</u>	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: <u>ASHER 3/9/18</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 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 type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input 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"/>
<u>27-7-18</u>	<u>FILE PASS TO TYPST TO PREPARE REPORT.</u>	
	<u>RECD TP VIDEO SAVE (V: ASHER: 2018) VIDEO CLEARLY SHOW THAT O/D ROLL BACK AND HIT TP.</u>	
<u>03-09-18 e1</u>	<u>CALLED OI NO RESPONSE.</u>	
	<u>PENDING FOR TP EVIDENCE TO REVIEW CASE.</u>	
	<u>FILE REVIEW: CONFLICTING (TP REPORT O/D REVERSED, O/D REPORT -112)</u>	

RECEIVED 17 SEP 2018

PRELIMINARY ADVICE	Date/Time: <u>2/5</u>	Sent By: <u>[Signature]</u>
FINALIZATION	Date/Time: <u>7.5.18</u>	Confirm with: <u>dumani</u> Confirm by: <u>AWK</u>
Repair Cost:	<u>PP</u> <u>\$54,056.56</u> (<u>3</u> days) Reduction: <u>3</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>7/9/18</u> Confirm with <u>WILLIAM</u> .	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	<u>WHSY</u> : <u>\$54,340.50</u> O/D ROLL BACK HIT TP.	
Loss of Rental (LOR):	<u>\$5</u> <u>234.00</u> (<u>2</u> days) x <u>117</u>	
Loss of Use (LOU):	<u>\$</u> <u>-</u> (<u>\$</u> x days)	
Loss of Income (LOI):	<u>\$</u> <u>100.00</u> (<u>\$</u> <u>50</u> x <u>2</u> 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	<u>\$</u> <u>7.49</u>	
Medical:	<u>\$</u> <u>-</u>	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	<u>\$</u> <u>-</u> (e.g. Tow/Independent)	2) Report Format: <u>W</u>
Legal Cost	<u>\$</u> <u>-</u>	3) Survey fee: <u>400</u>
Total:	<u>\$</u> <u>4,683.01</u> Global Sum <u>\$</u> :	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	<u>\$</u> <u>4,683.01</u> Name 1: <u>COMFORT DELGRO ENGINEERING PTE LTD</u>	
Payee 2: (Strike if N.A.)	<u>\$</u> Name 2: _____	
Payee 3: (Strike if N.A.)	<u>\$</u> Name 3: _____	

COPY SENT 7/9/18