

INS. CASE OWNER:

CC 3 / CTI 180

10946, K1ha3

LKK:

IDAC:

Surveyor:

Ank

DOI:

14-6-18

Date / Time:

14-6-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKU 3787C

Name of Insured:

TK LIMO &amp; RENTAL SERVICES

Insured Tel No.:

HP:

Excess Sec II :S\$

1,500.00

D.O.A: 13-06-18

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

MR. IRFAN BIN IBRAHIM

Driver Tel No.:

94564996 (V/L: YES / NO)

Claim No.:

SNM8003020027

Policy No.:

DMPES M65701701

Make / Model:

7-MSH 1.8 XA

Place of Accident:

AVE 7 CTE

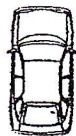
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SH 8126 B



INSRS:

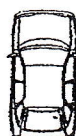
WSP:

Tel:

Liability:

RMKS:

COBE (OYANG)



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time                                                                                                                                           | STAGE                             | DATE / PIC                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|
| 26/6                                                                                                                                                 | Non-Reporting ltr (1st):          |                                                                         |
|                                                                                                                                                      | Non-Reporting ltr (2nd):          |                                                                         |
|                                                                                                                                                      | Non-Reporting ltr (Final):        |                                                                         |
|                                                                                                                                                      | Notification ltr (if non-pickup): |                                                                         |
|                                                                                                                                                      | Call OI:                          |                                                                         |
|                                                                                                                                                      | After call ltr to OI:             |                                                                         |
| 07/06/18                                                                                                                                             | Documentation Check List:         | Handler Typist                                                          |
|                                                                                                                                                      | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | After call ltr to OI:             | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Authorisation To Act:             | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Release Voucher:                  | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Final Repair Bill:                | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Car Rental Invoice:               | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | LTA / GIA:                        | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | LOD                               | <input checked="" type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                      | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                      | Others:                           | <input type="checkbox"/> <input type="checkbox"/>                       |
| PRELIMINARY ADVICE                                                                                                                                   | Date/Time:                        | Sent By:                                                                |
|                                                                                                                                                      | 18/6                              |                                                                         |
| FINALIZATION                                                                                                                                         | Date/Time:                        | Confirm with:                                                           |
|                                                                                                                                                      | 18/6                              |                                                                         |
| Repair Cost:                                                                                                                                         | S\$ 3,780.00                      | Confirm by:                                                             |
|                                                                                                                                                      | ( 4 days) Reduction: 47 %         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                                                                                                     | Date/Time:                        | Confirm with:                                                           |
|                                                                                                                                                      | 07/09/18                          | WILLIAM                                                                 |
| Final Liability:                                                                                                                                     | % 100                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
|                                                                                                                                                      | (Agreed / Assessed) BOLA S/N No.: |                                                                         |
| Repair Cost:                                                                                                                                         | S\$ 4,012.50                      |                                                                         |
| Loss of Rental (LOR):                                                                                                                                | S\$ 688.63 ( 6.5 days) x \$98.25  |                                                                         |
| Loss of Use (LOU):                                                                                                                                   | S\$ 815.00 (\$ 50 x 6.5 days)     |                                                                         |
| Loss of Income (LOI):                                                                                                                                | S\$ — (\$ 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\$ 7.49                          |                                                                         |
| Medical:                                                                                                                                             | S\$ —                             |                                                                         |
| Disbursement:                                                                                                                                        | S\$ — (e.g. Tow/ Independent)     |                                                                         |
| Legal Cost                                                                                                                                           | S\$ —                             |                                                                         |
| Total:                                                                                                                                               | S\$ 4,983.62                      | Global Sum S\$: 4,980.00                                                |
| FINAL PAYMENT                                                                                                                                        | Date/Time:                        | Confirm with:                                                           |
|                                                                                                                                                      |                                   |                                                                         |
| Payee 1:                                                                                                                                             | S\$ 4,980.00                      | Name 1: COMPOTONALERO ENGINEERING PTE LTD                               |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$ —                             | Name 2: —                                                               |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$ —                             | Name 3: —                                                               |

