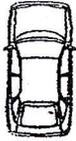


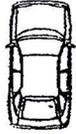
Surveyor: Ank DOI: 2016118 Date / Time: 20/6/18 Registered in Merimen: -

Pre-assign / CCU / FTE

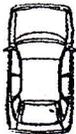


Insured Vehicle No. : SJS 9506 E Claim No. : INM18003134/101/6
Name of Insured : JJM CAR SERVICES Policy No. : -
Insured Tel No. : - HP: - Make / Model : -
Excess Sec II : SS D.O.A : 19-6-18 Place of Accident : WOODVALE COND0 ENTRANCE
Is driver the owner? (YES / NO) Nature of Accident : -
If NO, Driver Name / Age : - OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : - (V/L: YES / NO) Insured Liability : % Final ? Yes / No

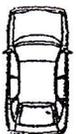
SJC 8664 X



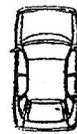
INSRS: WSP: CD4E 60405. Tel: - Liability: - RMKS: -



INSRS: WSP: - Tel: - Liability: - RMKS: -



INSRS: WSP: - Tel: - Liability: - RMKS: -



INSRS: WSP: - Tel: - Liability: - RMKS: -

Date/ Time		STAGE	DATE / PIC
	<u>SJC8664 X - CC3/11/16006895/11hb392; DOA: 14.4.16</u>	Non-Reporting ltr (1st):	
	<u>- 214/11/16017664/11hb392; DOA: 8/10/16</u>	Non-Reporting ltr (2nd):	
	<u>SJS 9506E - X</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI: <u>2607118 - vic</u>	
		After call ltr to OI: <u>2510718 - vic</u>	
		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 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: -

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

Repair Cost: PIP S\$ 1,774.40 (2 days) Reduction: 7 % Email Call

FINAL SETTLEMENT Date/Time: 07/08/18 Confirm with: WILLIAM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL
Repair Cost: (w/acc) S\$ 1,837.62
Loss of Rental (LOR): S\$ 200.00 (2 days) X \$ 115.00
Loss of Use (LOU): S\$ 100.00 (\$ 50 x 2 days)
Loss of Income (LOI): S\$ - (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search S\$ 7.49
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
1) Claim status: Normal/Reject/Private Settle
2) Report Format: -
3) Survey fee: \$400.00

Total: S\$ 2,175.11 Global Sum S\$: 2,170.00

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

Payee 1: S\$ 2,170.00 Name 1: COMFORTABLE ENGINEERING PTE LTD
Payee 2: (Strike if N.A.) S\$ - Name 2: -
Payee 3: (Strike if N.A.) S\$ - Name 3: -