INS. CASE OWNER	Vale 8h	CC 4, ASM180	12159,1	cua 3	IDAC: 55084	
INS. CASE OWNER		ASSIGN				
Surveyor:	Ksc	DOI: 3-7	. 0	Date / Time :	3-7-18	
Surveyor.				Registered in Merin	nen:	
Pre-assign / CCU	FTE	240 11	T.M "	000	n marce	
I Laured Vakiala Na	Insured Vehicle No. : WC 6758 U WIRTUAL"  Claim No.			S&M DOMVF		
***	· ·					
Name of Insured			Policy No.	:		
Insured Tel No.		HP:	Make / Model	:		
Excess Sec II :SS		D.O.A: 1/7/2018	Place of Accide	nt :		
Is driver the owner	YES / NO )	Nature of Accident :				
If NO, Driver Nan	ne / Age :		OI GIA REPOR	T: YES / NO ; TP	GIA REPORT: YES / NO	
Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liability	y: %	Final? Yes/No	
SKB 900 S	0				<b>→</b>	
3/3/3						
INSRS:	INSRS		INSRS:		INSRS: WSP:	
WSP: Chary	Hoe WSP:		WSP: Tel:	15-11	Tel:	
Liability:	Liabilit	y:	Liability:	R-SI	Liability:	
RMKS:	RMKS		RMKS:		RMKS:	
Date/ Time						
	(X19008D (16)	16 110 (6378) 1422013	ar - NA well	STAGE	DATE / PIC	
		110 110 10 340 1 60.00.	7 1 1 1 1 1 1 1	Non-Reporting ltr (1s Non-Reporting ltr (2s		
	MC 44 98 M - X	WC +7 5 8 W - X			Non-Reporting ltr (Final):	
				Notification ltr (if no	n-pickup):	
11/2	9/NR. // DO NOT	finalise.		Call OI: After call ltr to OI:		
71.1	1	THE PERSON		Documentation Che	eck List: Handler Typist	
孙	Bus begin & CI	attached.		Notification ltr (if no	n-pickup)	
	0 1 111			After call ltr to OI:		
	Private soffle	ment		Authorisation To Act Release Voucher:		
	To cancle case	cancle case.			Final Repair Bill:	
1	TO CARLETE GAR	1		Car Rental Invoice:		
12 0				Towing Invoice		
1 8	00.0	0			LTA / GIA :	
				Medical Bill:		
				PIR: Mandate/Reject Ins	truction	
				LOD	a decition.	
				Payment Breakdow	n Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos		
EINALIZATION	Data/Time:	06		Others:		
FINALIZATION Repair Cost:	Date/Time: S\$ (	Confirm with: days) Reduction:	%	Confirm by:	Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with	70	Email Call	Email Can	
Final Liability:	% (Agreed	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass	Lia:	
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (	days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days)				
LOR only LOU only		OR + LOI Tick only o	nel			
GIA/LTA Search	S\$	[ [ ]			SI	
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independ	ent)	2) Report Format:		
Legal Cost Total:	S\$ S\$	Global Sum SS:		3) Survey fee:		
Total: FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

## **Mutual Settlement**

Motor accident involving SKB 9008D & WC 6758 U
ON 02/07/18 along Hougang Are 3 / Kim Chuan
We CHENG HOE MOTOR PTE LTD, on behalf of the owner SKB 9008 D
hereby acknowledged receipt of payment S\$2,613.32 (viz DBS 300607)
paid by the owner/driver of WC 6758 4 being the repair cost/ rental
for motor car SkB 9008 D due to the above accident.
The above should considered as mutual settled upon payment is made (for Property
Damage).
It is understood that this payment is make strictly without any admission of liability.
Dated at Singapore on 0507 18

Signed by:

Cheng Hoe Motor Pte Ltd

(On behalf of SKB 9008D)

Driver of (WC 67584)
Owner
Ramasany Subburaman
S 8082361D

HP-98712861