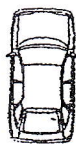


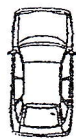
Surveyor: XGQ DOI: 24/7/18 Date / Time: 24/7/18
Registered in Merimen: 26/7/18

Pre-assign / CCU / FTE

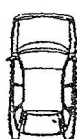


Insured Vehicle No. : SLT 5545P Claim No. : 552651792086
Name of Insured : SAMANTHA MICHAELA YOB Policy No. : 170049133
Insured Tel No. : _____ HP: _____ Make / Model : Mazda 5
Excess Sec II :S\$ _____ D.O.A : 23/7/2018 Place of Accident : 431 Bukit Timah Rd
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : MICHAEL Wong OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : 96930464 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

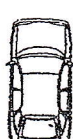
SHC 3716 M



INSRS: ONE boy
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
<u>7/8</u>	<u>SHC 3716 M - X; SLT 5545P - X</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		After call ltr to OI:	<u>05/11/18 - vic</u>
<u>05/11/18 @ 2:30PM</u>	<u>ORIGINAL TP LOD IN</u>	Documentation Check List: Handler Typist	
	<u>COKE TO OI. OVERSEAS. PLUS REASONING</u>	Notification ltr (if non-pickup)	
	<u>OUI GOING STRAIGHT ON A RIGHT TURN</u>	After call ltr to OI:	<u>7/8</u>
	<u>CAME ONLY. 96930464 & EMAIL TO</u>	Authorisation To Act:	<u>7/8</u>
	<u>OI TO NOTIFY TP CLAIM.</u>	Release Voucher:	<u>7/8</u>
<u>11/11/18</u>	<u>NO PROBLEM FROM OI.</u>	Final Repair Bill:	<u>7/8</u>
	<u>96930464 1ST OFFER TO TP.</u>	Car Rental Invoice:	<u>7/8</u>
<u>12/11/18</u>	<u>TP ACCEPTED OFFER.</u>	Towing Invoice	
	<u>ALL DOCS IN ORDER.</u>	LTA / GIA :	<u>7/8</u>
	<u>TO CLOSE.</u>	Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	<u>7/8</u>
		Payment Breakdown Form:	
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	
		Others:	
FINALIZATION Date/Time: Confirm with:		Confirm by:	
Repair Cost: <u>LE</u>	<u>S\$ 2,080.00</u> (<u>4</u> days) Reduction: <u>20</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>12/12/18</u> Confirm with: <u>COCINA</u>		Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>(w/loss)</u>	<u>S\$ 2,193.50</u>	<u>(OIO e wrong case)</u>	
Loss of Rental (LOR):	<u>S\$ 381.99</u> (<u>3.6</u> days) <u>x \$109.14</u>		
Loss of Use (LOU):	<u>S\$ 135.00</u> (<u>3.6</u> days)		
Loss of Income (LOI):	<u>S\$ -</u> (<u>\$</u> x <u>days</u>)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	<u>S\$ 7.99</u>		
Medical:	<u>S\$ -</u>	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	<u>S\$ -</u> (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	<u>S\$ -</u>	3) Survey fee:	<u>\$ 220.00</u>
Total:	<u>S\$ 2,757.98</u> Global Sum S\$: <u>-</u>		
FINAL PAYMENT Date/Time: Confirm with:		Email ☐ Call ☐	
Payee 1:	<u>S\$ 2,750.00</u> Name 1: <u>COMFORTDHLGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	<u>S\$ -</u> Name 2: <u>-</u>		
Payee 3: (Strike if N.A.)	<u>S\$ -</u> Name 3: <u>-</u>		