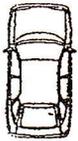


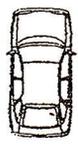
Surveyor: M/Prus DOI: 8/21/18 Date / Time: 8/21/18
Registered in Merimen: _____

Pre-assign / CCU / FTE

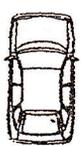


Insured Vehicle No. : SLW 8992 X Claim No. : _____
Name of Insured : Robert Limonghe GWS PLU Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 30/7/2018 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : NO % Final ? Yes / No _____

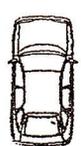
FBM 4745R →



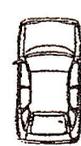
INSRS: _____
WSP: Ban Hock Min
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date / Time	STAGE	DATE / PIC
<u>1/1</u>	<u>FBM 4745R - X; SLW 8992-X - X</u>	
<u>4/4/19</u>	<u>LOD attached</u>	
<u>4/4/19</u>	<u>called OED inform all details and TP claim, OED aware NCD issues</u>	
<u>08/04/19</u>	<u>Grand acceptance email to TP, to close.</u>	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI: <u>> 4/4/19 - JV</u>	
	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: <u>NO XTA</u>	<input type="checkbox"/>
	Release Voucher: <u>NO DV</u>	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input 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 type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 10/08/18 Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: PLP S\$ 1,102.30 (4 days) Reduction: 48 % Email Call

FINAL SETTLEMENT Date/Time: 08/04/19 Confirm with: KAYMOND Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22
Repair Cost: (w/loss) S\$ 1,179.46
Loss of Rental (LOR): S\$ - (days)
Loss of Use (LOU): S\$ 80.00 (\$ 20 x 4 days)
Loss of Income (LOI): S\$ - (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search S\$ 7.45
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\$ 1,266.91 Global Sum S\$: -

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 1,266.91 Name 1: BAN HOCK MIN CO. PTB LTD
Payee 2: (Strike if N.A.) S\$ - Name 2: _____
Payee 3: (Strike if N.A.) S\$ - Name 3: _____