Vall

INS. CASE OWNER: CC 4 /AXA1801 8972 AW/63   LKK / IDAC:

Surveyor: Adrian   DOI: 18/10/18   **ASSIGNMENT**   Date / Time: 18/10/18
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 750X   Claim No. :

Name of Insured : VENNASAMY PERISAMY   Policy No. :

Insured Tel No. : HP: 91005542   Make / Model : TOYOTA

Excess Sec II :S$ D.O.A.: 16/10/18   Place of Accident : BEDOK NORTH RD.

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. :   (V/L: YES / NO)   Insured Liability : % Final ? Yes / No

SLQ 1915Y →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MK	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ 1915Y-P SLA 750X-P	Non-Reporting ltr (1st):	
18/10/18 jmy.	#Smartclaim	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	-OINR-OK	Call OI:	
4/7/19	Seek mandate via SMART	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	X
		Authorisation To Act:	X
		Release Voucher:	X
		Final Repair Bill:	X
5/7/19	Called OZ to inform TP claim	Car Rental Invoice:	
		Towing Invoice:	
7/4/20	seek mandate in smart.	LTA /GIA :	X
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	X
		LOD	X
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: 45   S$ 700.00 (2 days) Reduction: 24.64 %   Email [ ] Call [ ]

FINAL SETTLEMENT   Date/Time: 22/4/2020   Confirm with: Bridget Pom   Email [✓] Call [ ]

Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ gst)	S$	749.00		
Loss of Rental (LOR):	S$	—	(days)	
Loss of Use (LOU):	S$	120.00	(S 60.00 x 2 days)	
Loss of Income (LOI):	S$	—	(S x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LO [ ]			[Tick only one]	
GIA/LTA Search	S$	2.00		1) Claim status: Normal/Reject/Private Settle
Medical:	S$	—		2) Report Format: TP
Disbursement:	S$	—	(e.g. Tow/ Independent)	3) Survey fee: $350.00
Legal Cost:	S$	—		
Total:	S$	871.00	Global Sum S$:	

FINAL PAYMENT   Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$	871.00	Name 1:	JOO HAK KEE AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	—	Name 2:	—
Payee 3: (Strike if N.A.)	S$	—	Name 3:	—