

INS. CASE OWNER: LOH CHOW HENG

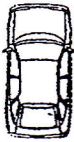
CC 3 / ALG 1900 2818 / R1ha38

LKK:

IDAC:

Surveyor: PASULDOI: 13/2/19Date / Time: 13/2/19Registered in Merimen: 14/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 1919 T
 Name of Insured : Dry born lery
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS _____ D.O.A : 2/2/19
 Is driver the owner? (YES / NO) _____ Nature of Accident : _____

Claim No. : 902953980706

Policy No. : _____

Make / Model : _____

Place of Accident : BUL 108 Johm c/p.

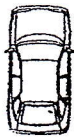
If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO) _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

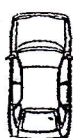
Insured Liability : _____ % Final ? Yes / No

SMC 3042P

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



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



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



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

Date/ Time		STAGE	DATE / PIC
<u>18/2</u>	<u>SMC3042P - x; SMD 1919 T - x</u>	Non-Reporting ltr (1st):	
<u>gm</u>		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	<u>5-279</u>
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI: <u>COUHL</u>	☒ ☐
		Authorisation To Act:	☒ ☐
		Release Voucher:	☒ ☐
		Final Repair Bill:	☒ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA:	☒ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____
FINALIZATION	Date/Time: _____	Confirm with: _____
Repair Cost: <u>rip</u>	S\$ <u>7,093.86</u> (<u>4</u> days) Reduction: <u>10</u> %	Confirm by: _____
FINAL SETTLEMENT	Date/Time: _____	Confirm with: _____
Final Liability: _____	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	Email ☒ Call ☐
Repair Cost: <u>61995</u>	S\$ <u>7,590.11</u>	If NO or B 28, Ass. Lia : <u>COI REBURSED</u>
Loss of Rental (LOR) <u>612.00</u>	(<u>5</u> days) x <u>\$120.00</u>	<u>TP VIDEO IN</u>
Loss of Use (LOU):	S\$ - (\$ x days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>	
Medical:	S\$ -	1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: _____
Legal Cost	S\$ -	3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>8,234.11</u>	Global Sum S\$: -
FINAL PAYMENT	Date/Time: _____	Confirm with: _____
Payee 1:	S\$ <u>7,592.11</u>	Name 1: <u>VOLKSWAGEN CENTRE SINGAPORE</u>
Payee 2: (Strike if N.A.)	S\$ <u>642.00</u>	Name 2: <u>2KW RENT A CAR PTE LTD</u>
Payee 3: (Strike if N.A.)	S\$ -	Name 3: _____