

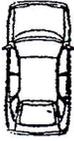
INS. CASE OWNER:

CC 6, LPC 1900 2861, Apr 3/12

LKK:
IDAC:

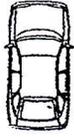
Surveyor: lmp DOI: 14/2/19 Date / Time: 14/2/19
Registered in Merimen: _____

Pre-assign / CCU / FTE

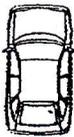


Insured Vehicle No. : 6BA 5793H Claim No. : 18/19/19 / VC05/02142
Name of Insured : Technocrete PIC Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$S _____ D.O.A : 9/2/19 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (VL: YES / NO) Insured Liability : _____ % Final ? Yes / No

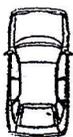
6BF 1324



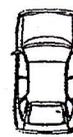
INSRS: _____
WSP: Kai Motor
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date / Time	STAGE	DATE / PIC
<u>19/3</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:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
<u>08/07/19</u>	Authorisation To Act:	<input checked="" type="checkbox"/>
<u>13/08/19</u>	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
<u>15/08/19</u>	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
<u>17/10/19</u>	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
<u>21/10/19</u>	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: 02/07/19 Sent By: JOY

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L19 \$S 5,530.00 (6 days) Reduction: 35 % Email Call
FINAL SETTLEMENT Date/Time: 21/10/19 Confirm with: Ng Kim Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : _____
Repair Cost: (w/ GST) \$S 5,774.50 LOD REPAIR-ENDED TP
Loss of Rental (LOR): \$S 800.00 (8 days) x \$100.00
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 7.15
Medical: \$S -
Disbursement: \$S - (e.g. Tow/ Independent)
Legal Cost \$S -
Total: \$S 6,531.95 Global Sum \$S: 6,530.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: \$450.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: \$S 6,530.00 Name 1: KAI MOTOR TRADING
Payee 2: (Strike if N.A.) \$S - Name 2: -
Payee 3: (Strike if N.A.) \$S - Name 3: -