

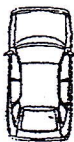
INS. CASE OWNER: too chue yanCC 3 / MG 1900 3157 / 1cha3

LKK:

IDAC:

Surveyor: ksuDOI: 19/1/19Date / Time: 19/1/19Registered in Merimen: 20/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : STN 73105Name of Insured : Sg Kent & familyInsured Tel No. : HP: 1910719Excess Sec II : SS D.O.A: 1910719Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)Claim No. : 537949 808706

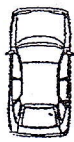
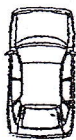
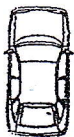
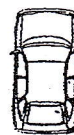
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SHD 59520INSRS:
WSP: Trans Car
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 89520 - N/A/FU/15014681/d2 : 009 : 20/1/19
- 19/1/2002/2026 (Kunt : 11/1/13)
STN 73105 - X

28/12 Comp. sent out 1st letter.

15/05/19 OI GIA Report in Merimen
MINAUBED
ORIGINAL TP LOD IN

20/05/19 COMP ACCEPTANCE EMAIL TO TP
RECEIVED BY
ALL DOCS IN ORDER
TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 20/05/19-VLC

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

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:

Confirm by:

Repair Cost: L9 S\$ 4,400.00 (3 days) Reduction: 88 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 21/08/19 Confirm with: WAI YINEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/gst) S\$ 4,708.00COMP WRT TPLoss of Rental (LOR): S\$ 465.84 (4 days) X 101.46Loss of Use (LOU): S\$ - (\$ x days)Loss of Income (LOI): S\$ 200.00 (\$ 50 x 4 days)LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]GIA/LTA Search S\$ 7.49Medical: S\$ -Disbursement: S\$ - (e.g. Tow/ Independent)Legal Cost S\$ -1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00Total: S\$ 5,321.33Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 5,321.33Name 1: TRANS-CAR AUTO SERVICES PTE LTDPayee 2: (Strike if N.A.) S\$ -Name 2: -Payee 3: (Strike if N.A.) S\$ -Name 3: -