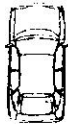


INS. CASE OWNER: Boon shen | CC 3/CTI1900 3272, T263N2 | TKK
HAC

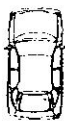
Surveyor: Tan Jiah | DOI: 15/7/19 | Date / Time: 15/7/19
Registered in Member: _____

Pre-assign / CCU / FTE



Insured Vehicle No: GBH 9776u | Claim No: SNM190200820
Name of Insured: CRYSTALITE ELECTRICAL & PLUMBING CONTRACTORS | Policy No: DMVUSN 1875787800
Insured Tel No: _____ | HP: _____ | Make / Model: Tiguan
Excess Sec II:SS _____ | D.O.A: 15/7/19 | Place of Accident: BRISTOL RD
Is driver the owner: YES / NO: _____ | Nature of Accident: _____
If NO, Driver Name / Age: Mr Taniam Seng | O/GIA REPORT: YES / NO: _____ | TP/GIA REPORT: YES / NO: _____
Driver Tel No: _____ | (V/L: YES / NO) _____ | Insured Liability: _____ | Final ? Yes / No: _____

SFB 15/7/19 → GBH 9776u → SHC 7169P → _____



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: 01



INSRS: LDH
WSP: 10
Tel: 10
Liability: 10
RMKS: 10



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC	
2/4/2019 PIC	Non-Reporting (ir - Lsp)		
	Non-Reporting (ir - Dnd)		
	Non-Reporting (ir - Dmd)		
	Notification (ir - non-pickup)		
	Call OI: 2/4/2019		
	After call, ltr to OI		
	Documentation Check List: Handler	Typist	
	Notification (ir - 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:	☐	☐	
Spoke to PIC, confirmed BOLA 28, explain MCF and TP claim. They agree to settle and aware HOD will be withheld for the time being send letter to OI SNM 1911 200820 before point photo ✓			
PRELIMINARY ADVICE Date/Time: _____ Sent By: <u>LSP</u>			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: SS <u>1,322.40</u> : 2 days (Reduction: <u>35.61</u>) Email: ☐ Call: ☐			
FINAL SETTLEMENT Date/Time: <u>18/4/2019</u> Confirm with: <u>William Tan</u> Email: ☒ Call: ☐			
Final Liability: <u>100</u> Agreed / Assessed: BOLA S/N No.: <u>28</u> If NO or B 28, Ass. Ltr: <u>0%</u>			
Repair Cost: SS <u>1,414.97</u> : 3.5 days : 3 car chain (d11510101, 02 is second vehicle push by			
Loss of Rental (LOR): SS <u>402.50</u> : (S x days)			
Loss of Use (LOU): SS <u>—</u> : (S x days)			
Loss of Income (LOI): SS <u>175.00</u> : (S 50.00 x 3.5 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☒ [Tick only one]			
GLA/LTA Search: SS <u>7.49</u>			
Medical: SS <u>—</u>			
Disbursement: SS <u>—</u> (e.g. Tow/Independent)			
Legal Cost: SS <u>—</u>			
Total: SS <u>1,999.96</u> Global Sum SS: <u>1,999.96</u>			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email: ☐ Call: ☐			
Payee 1: SS <u>1,990.00</u> Name 1: <u>Comfort Delgro Engineering Pte Ltd</u>			
Payee 2 (Strike if N/A): SS _____ Name 2: _____			
Payee 3 (Strike if N/A): SS _____ Name 3: _____			