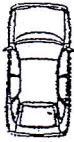


Surveyor: Mr. Lim DOI: 22/4/19 Date / Time: 22/4/19  
Registered in Merimen: 22/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJU 6878R  
Name of Insured : TAN BOON TECK  
Insured Tel No. : \_\_\_\_\_ HP: 18/4/19  
Excess Sec II : SS \_\_\_\_\_ D.O.A : 18/4/19  
Is driver the owner? ( YES / NO ) \_\_\_\_\_ Nature of Accident : \_\_\_\_\_

Claim No. : OC134993116G  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place of Accident : \_\_\_\_\_

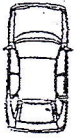
If NO, Driver Name / Age :

Driver Tel No. :

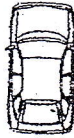
(V/L: YES / NO) \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Insured Liability : \_\_\_\_\_ % Final ? Yes / No

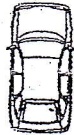
SLD 65320



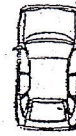
INSRS: \_\_\_\_\_  
WSP: Team AutoPro  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date / Time |                                     | STAGE                             | DATE / PIC                          |
|-------------|-------------------------------------|-----------------------------------|-------------------------------------|
|             | <u>SLD 65320 - X; SJU 6878R - X</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:             | <u>23/04/19 - vic</u>               |
|             |                                     | Documentation Check List: Handler | Typist                              |
|             |                                     | Notification ltr (if non-pickup)  | <input checked="" type="checkbox"/> |
|             |                                     | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|             |                                     | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|             |                                     | Release Voucher:                  | <input checked="" type="checkbox"/> |
|             |                                     | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|             |                                     | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
|             |                                     | Towing Invoice                    | <input checked="" type="checkbox"/> |
|             |                                     | LTA / GIA :                       | <input checked="" type="checkbox"/> |
|             |                                     | Medical Bill:                     | <input checked="" type="checkbox"/> |
|             |                                     | PIR:                              | <input checked="" type="checkbox"/> |
|             |                                     | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|             |                                     | LOD                               | <input checked="" type="checkbox"/> |
|             |                                     | Payment Breakdown Form:           | <input checked="" type="checkbox"/> |
|             |                                     | Post-Repair Photos:               | <input checked="" type="checkbox"/> |
|             |                                     | Others:                           | <input checked="" type="checkbox"/> |

|                                                                                                                                                                      |                                                                 |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------|
| PRELIMINARY ADVICE                                                                                                                                                   | Date/Time: _____                                                | Sent By: _____                                                                     |
| FINALIZATION                                                                                                                                                         | Date/Time: _____                                                | Confirm with: _____                                                                |
| Repair Cost: <u>14</u>                                                                                                                                               | \$S\$ <u>18,500.00</u> ( <u>14</u> days) Reduction: <u>43</u> % | Confirm by: _____                                                                  |
| FINAL SETTLEMENT                                                                                                                                                     | Date/Time: <u>02/10/19</u> Confirm with: <u>MOON</u>            | Email <input checked="" type="checkbox"/> Call <input checked="" type="checkbox"/> |
| Final Liability: _____                                                                                                                                               | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>       | If NO or B 28, Ass. Lia : <u>100%</u>                                              |
| Repair Cost: _____                                                                                                                                                   | \$S\$ <u>18,500.00</u>                                          | <u>(3 VEH. - C.C. 01 CASE)</u>                                                     |
| Loss of Rental (LOR): _____                                                                                                                                          | \$S\$ <u>1,400.00</u> ( <u>14</u> days) <u>X \$100.00</u>       |                                                                                    |
| Loss of Use (LOU): _____                                                                                                                                             | \$S\$ <u>-</u> ( \$ <u>-</u> x <u>-</u> days)                   |                                                                                    |
| Loss of Income (LOI): _____                                                                                                                                          | \$S\$ <u>180.00</u> <u>60</u> x <u>3</u> days)                  |                                                                                    |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                 |                                                                                    |
| GIA/LTA Search                                                                                                                                                       | \$S\$ <u>7.45</u>                                               |                                                                                    |
| Medical:                                                                                                                                                             | \$S\$ <u>-</u>                                                  |                                                                                    |
| Disbursement: <u>TOWING</u>                                                                                                                                          | \$S\$ <u>120.00</u> (e.g. Tow/ Independent )                    | 1) Claim status: <u>Normal/Reject/Private Settle</u>                               |
| Legal Cost                                                                                                                                                           | \$S\$ <u>-</u>                                                  | 2) Report Format: _____                                                            |
| Total:                                                                                                                                                               | \$S\$ <u>20,207.45</u> Global Sum \$S\$: <u>20,200.00</u>       | 3) Survey fee: <u>\$310.00</u>                                                     |
| FINAL PAYMENT                                                                                                                                                        | Date/Time: _____                                                | Confirm with: _____                                                                |
| Payee 1:                                                                                                                                                             | \$S\$ <u>20,200.00</u> Name 1: <u>TEAM AUTOPRO PTB LTD</u>      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 2: (Strike if N.A.)                                                                                                                                            | \$S\$ <u>-</u> Name 2: <u>-</u>                                 |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                            | \$S\$ <u>-</u> Name 3: <u>-</u>                                 |                                                                                    |