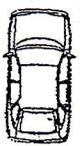


Surveyor: KENNETH DOI: 03/05/19 Date / Time: 30/4/19
Registered in Merimen: 30/4/19

Pre-assign / CCU / FTE

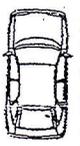


Insured Vehicle No. : SLC 810 X
Name of Insured : HONG JIA, WAI
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A: 26/04/19

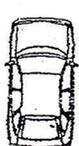
Claim No. : 56914309196G
Policy No. : _____
Make / Model : _____
Place of Accident : _____

Is driver the owner? (NO) Nature of Accident : HO WAI JIE
If NO, Driver Name / Age : _____
Driver Tel No. : unknown (V/L: YES / NO)

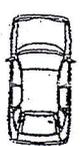
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : _____ % Final ? Yes / No



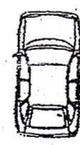
INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: 07



INSRS:
WSP: Chong Hoi
Tel:
Liability: TP
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
<u>27/06/19</u>	After call ltr to OI:	<u>76bd19-UC</u>
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input 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 type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	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: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: PLP S\$ 3,795.28 (4 days) Reduction: 15 %
 Email Call

FINAL SETTLEMENT Date/Time: 11/01/20 Confirm with: JUNE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27
 If NO or B 28, Ass. Lia : COLD REAR- ENDED TP

Repair Cost: (w/loss) S\$ 4,060.95
 Loss of Rental (LOR): S\$ 400.00 (4 days) x 400.00
 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\$ 8.00
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 Total: S\$ 4,468.95 Global Sum S\$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 4,468.95 Name 1: CHONG HOE MOTOR PTE LTD
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____