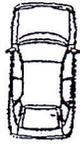


INS. CASE OWNER: OHAN KIAN HOANG CC 3 / AG 190 10682 / Kha3

LKK:
IDAC:

Surveyor: Kenneth DOI: 14/06/2019 Date / Time: 14/06/2019
Registered in Merimen: 17/06/2019

Pre-assign / CCU / FTE

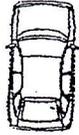


Insured Vehicle No. : GBH 64159 Claim No. : 37192153496
Name of Insured : Topgrid Pest Specialist PTE LTD Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 13/06/2019 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____ OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

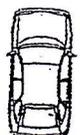
SHC 5991X



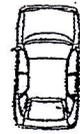
INSRS:
WSP: Trans-cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
26/6/19	- BUS REWORKED. OIB CHANGED CAME. WITH sent to OL	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
24/07/19	- OI CALLED IN. REQUESTED TO CHANGE LETTER. REQUESTED TO USE HIS SERVICE IN AWAITS NEW LETTERS. - FINISHED. - ORIGINAL TP LOG IN	Notification ltr (if non-pickup): Call OI: <u>24/07/19 - HT</u> After call ltr to OI: <u>26/06/19 - SUMMY - OK</u>
15/08/19	- TP ACCEPTED OFFER. - ALL TOES IN ORDER. - TO CLOSE.	Documentation Check List: Handler Typist Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/> Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/> Towing Invoice <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> LOD <input checked="" type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L16</u>	S\$ <u>3,250.00</u> (3 days) Reduction: <u>94</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>15/08/19</u> Confirm with <u>WAI YIN</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>		If NO or B 28, Ass. Lia : <u>(OIB CHANGED CAME)</u>
Repair Cost: <u>(w/ GST)</u>	S\$ <u>3,177.50</u>		
Loss of Rental (LOR):	S\$ <u>290.97</u> (3 days) X \$ <u>96.99</u>		
Loss of Use (LOU):	S\$ <u>-</u> (\$ x days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ x days)		
OR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
IA/LTA Search	S\$ <u>7.49</u>		
Medical:	S\$ <u>-</u>		1) Claim status: <u>Normal</u> / Reject / Private Settle
Disbursement:	S\$ <u>-</u> (e.g. Tow / Independent)		2) Report Format:
Legal Cost	S\$ <u>-</u>		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>3,775.96</u> Global Sum S\$: <u>3,730.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Fee 1:	S\$ <u>3,730.00</u> Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>		
Fee 2: (Strike if N.A.)	S\$ <u>-</u> Name 2: <u>-</u>		
Fee 3: (Strike if N.A.)	S\$ <u>-</u> Name 3: <u>-</u>		