

INS. CASE OWNER: LOH CHIEE HENG | CC 3 / AIG1901 1323, R1/bb | LKK: _____
 IDAC: _____

Surveyor: RASUL | DOI: 08107/19 | Date / Time: 26/6/19
 Registered in Merimen: 26/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 1433 L | Claim No. : 67109116928G
 Name of Insured : WOO CHI JEN | Policy No. : _____
 Insured Tel No. : _____ | HP: _____ | Make / Model : _____
 Excess Sec II :SS _____ | D.O.A : 2/6/19 | 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

SKL 691 L →



INSRS: _____
 WSP: performance
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 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:	
	After call ltr to OI:	<u>01/07/19 - sunny</u>
	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 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: _____

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

Repair Cost: PIP S\$ 5,027.75 (3 days) Reduction: 30 % Email Call

FINAL SETTLEMENT Date/Time: 28/08/19 Confirm with CAROLINE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia : _____

Repair Cost: (w/ GST) S\$ 5,390.39 (OI HIT PARKED TP)

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ 300.00 (\$100 x 3 days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ 5,692.39 Global Sum S\$: _____

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

Payee 1: S\$ 5,392.39 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) S\$ 300.00 Name 2: GERALD FAUST

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: _____
- 3) Survey fee: \$320.00