

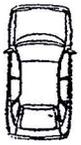
Express (due on 30/10/19)
 To Close within 3 Wks
 Sent: 25/10/19

INS. CASE OWNER: NORWICH | CC 3 / AIG 190 11635 / F

Surveyor: Adrian | DOI: 4/7/19 | Date: _____

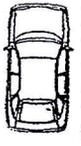
Registered in Merimen: 117119

Pre-assign / CCU / FTE

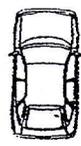


Insured Vehicle No. : SJG 2742 Z | Claim No. : 030457976ASG
 Name of Insured : Lim Poh Heah | Policy No. : _____
 Insured Tel No. : _____ | HP: _____ | Make / Model : _____
 Excess Sec II : \$S _____ | D.O.A : 29/6/19 | Place of Accident : _____
 Is driver the owner? (YES / NO) | Nature of Accident : _____
 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

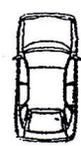
SME 1942U →



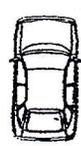
INSRS: _____
 WSP: Premium
 Tel: _____
 Liability: _____
 RMKS: _____



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>08/07/19 - vic</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 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 checked="" 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: _____ Confirm with: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: NARA Email Call

Repair Cost: P/P \$S 9,230.20 (4 days) Reduction: 47 %
 FINAL SETTLEMENT Date/Time: 25/10/19 Confirm with: NARA Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL
 Repair Cost: (w/ GST) \$S 9,858.12
 Loss of Rental (LOR): \$S - (- days)
 Loss of Use (LOU): \$S 400.00 (\$ 100 x 4 days)
 Loss of Income (LOI): \$S - (\$ - x - days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search \$S 2.00
 Medical: \$S -
 Disbursement: \$S - (e.g. Tow/ Independent)
 Legal Cost \$S -
 Total: \$S 10,260.12 Global Sum \$S: -
 1) Claim status: Normal / Reject / Private Settle
 2) Report Format: _____
 3) Survey fee: \$320.00

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

Payee 1: \$S 10,260.12 Name 1: PREMIUM AUTOMOBILES PTE LTD
 Payee 2: (Strike if N.A.) \$S - Name 2: _____
 Payee 3: (Strike if N.A.) \$S - Name 3: _____