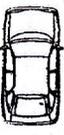


15/5/2010

INS. CASE OWNER: LEE MING YAO | CC 3 /AIG1901 1724, Ruhb | LKK: | IDAC:

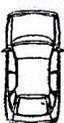
Surveyor: KASUL | DOI: ASSIGNMENT 22107119 | Date / Time: 27/11/09
Registered in Merimen: 27/11/09

Pre-assign / CCU / FTE



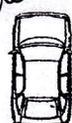
Insured Vehicle No. : SLE 5840R | Claim No. : 37770877454
Name of Insured : MASROOR AHMAD HUSAINA | Policy No. : 2004699203
Insured Tel No. : _____ | HP: _____ | Make / Model : NISSAN
Excess Sec II :\$S\$ _____ | D.O.A : 27/11/09 | Place of Accident : CAPITAL SQUARE CP ENTRANCE
Is driver the owner? (YES / 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 _____

SKR 57015



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

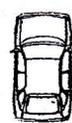
Performance



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):	
<u>05/10/19</u>	Call OI:	
	After call ltr to OI: <u>04/10/19 - 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 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: _____

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

Repair Cost: PIP \$S 5,157.50 (5 days) Reduction: 35 % Email Call

FINAL SETTLEMENT Date/Time: 11/09/19 Confirm with: CAROLINE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia : COI FROM WINNER ROAD

Repair Cost: (w/60%) \$S 5,518.53

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

Loss of Use (LOU): \$S 500.00 (\$ 100 x 5 days)

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

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

GIA/LTA Search \$S _____

Medical: \$S _____

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

Legal Cost \$S _____

Total: \$S 6,018.53 Global Sum \$S: _____

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

Payee 1: \$S 5,518.53 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) \$S 500.00 Name 2: NG SIANG CHIN SANDRA

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