

Lynnphong

CC 4, Asm 11916, K p a 3

LKK: 125326
DAC:

Kenneth

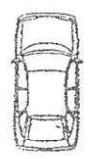
DOI: 15/11/19

Date / Time: 5/1/19

Surveyor:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SLV 5424 U

Name of Insured: Yeong Ser Joon

Insured Tel No.: HP:

Excess Sec II : \$S D.O.A: 4/12/2019

Is driver the owner? (YES / NO) Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.: (V/L YES / NO)

Claim No.: 59m078yo

Policy No.:

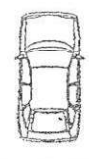
Make / Model:

Place of Accident:

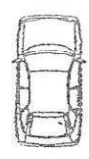
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

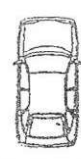
SDU 8228 A



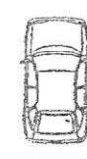
INSRS: Chay
WSP: Hoe.
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

10/1/19

SDU 8228 A - x ; SLV 5424 U - x
called OZ but no ans, proceed to send WTR
1/1a clear, emailed w/s

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:	yes jim	
Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☒	☐
After call ltr to OI:	☒	☐
Authorisation To Act:	☒	☐
Release Voucher:	☒	☐
Final Repair Bill:	☒	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☒	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☒	☐
LOD	☒	☐
Payment Breakdown Form:	☐	☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: US \$ 4400.00 (06 days) Reduction: 27 %	Confirm with: June	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 4/6/2020	Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	Confirm with: June	Email ☐ Call ☐
Repair Cost: w/hen	\$S 4708.00	Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU):	\$S 600.00 (\$ 100 x 6 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 5316.00	Global Sum \$S: 5300.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 5300.00	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:		

1) Claim status: Normal/Reject/Private Settle
2) Report Format: ☒
3) Survey fee: \$350.00

1916/10/10

Kenneth

Lump Sum / I.B.I: (\$)