

CC6/CTI19013653/Upa3q2

15/5/2010

INS. CASE OWNER: Jenny

LKK:

IDAC:

Surveyor: AngusDOI: 5/8/19Date / Time : 5/8/19Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : skj. 266km.Claim No. : SNM19D203692C02Name of Insured : —Policy No. : DMPCSN3058571900Insured Tel No. : — HP: —Make / Model : —Excess Sec II : \$ — D.O.A : 7/8/19Place 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

GBF 943gmINSRS:
WSP:
Tel :
Liability :
RMKS:FastechINSRS:
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:	
	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:	☐

30/07/2021 Pls refer to VIEWS for details.

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u>	\$S <u>3,100.00</u>	(<u>4</u> days)	Reduction: <u>72</u> %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: <u>30/07/2021</u>	Confirm with: <u>Shi Ying</u>	Email ☒ Call ☐
Final Liability:	% <u>50</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>3,317.00</u>	\$S <u>1,658.50</u>			
Loss of Rental (LOR):	\$S (<u>—</u> days)			
Loss of Use (LOU): <u>240.00</u>	\$S <u>120.00</u>	(\$ <u>60</u> x <u>4</u> days)		
Loss of Income (LOI):	\$S (\$ <u>—</u> x <u>—</u> days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	\$S <u>2.00</u>			
Medical:	\$S			
Disbursement:	\$S (e.g. Tow/ Independent)			
Legal Cost	\$S			
Total:	\$S <u>1,780.50</u>	Global Sum \$S: <u>1,700.00</u>		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	\$S <u>1,700.00</u>	Name 1:	<u>Fastech Auto Pte Ltd</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

w/GST

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP3) Survey fee: \$400.00

