

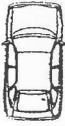
15/5/2010

INS. CASE OWNER:

CC³ / CTI1901 3930, ELEKTRONZ LKK: IDAC:

Surveyor: KALINA ASSIGNMENT DOI: 7/8/19 Date / Time : 9/8/19

Pre-assign / CCU / FTE



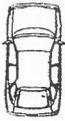
Insured Vehicle No. : PATIATA
Name of Insured : HAPPY BUS. SG
Insured Tel No. : HP:
Excess Sec II :SS D.O.A. : 7/8/19

Claim No. : SNMCHORONKEL
Policy No. : DMB15 N308017800
Make / Model : TOYOTA
Place of Accident : PENDING RUP

Is driver the owner? (YES / NO) Nature of Accident :
If NO. Driver Name / Age : PATRIK AN SOON KEONG.
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

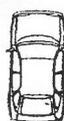
SJL 90139.



INSRS:
WSP:
Tel :
Liability:
RMKS: PREMIER



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):	
03.10.19	Call OI: ASHER 19.8.19	
	After call ltr to OI:	
	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 checked="" 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:		
FINALIZATION Date/Time: Confirm with: Confirm by: ANK		
Repair Cost: 43 SS 6,150 (7 days) Reduction: % Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 18.03.20 Confirm with: SHAFIQATI Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :		
Repair Cost: 21451 SS 7,295.50 DID EXIT PARKING LOT HIT TP. IN TURN HIT A PARKED VEH.		
Loss of Rental (LOR): 21/451 SS 1,391.00 (13 days) x 100		
Loss of Use (LOU): SS - (S x days)		
Loss of Income (LOI): SS - (S x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search SS 2.00		
Medical: SS -		
Disbursement: SS - (e.g. Tow/Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost SS -	2) Report Format: TP	
Total: SS 8,615.50 Global Sum SS:	3) Survey fee: + 400	
FINAL PAYMENT Date/Time: 18.03.20 Confirm with: SHAFIQATI Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: SS 8,615.50 Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD.		
Payee 2: (Strike if N.A.) SS Name 2:		
Payee 3: (Strike if N.A.) SS Name 3:		