INS CASE OWNER: LER BERNARD | CC 3 / AIG 190 14045 / A Bm 3 | LKK: | IDAC:

Surveyor: ADRIAN | ASSIGNMENT DOI: 15/08/19 | Date / Time: 13/8/19 | Registered in Merimen: 13/8/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLT 3056Y | Claim No. : 8583155902SG

Name of Insured : UM SEE HIEN | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 7/8/2019 | 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 : 0 % **Final ? Yes / No**

SJP 4506D → SLT 3056Y → SMD 6042P →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Premium	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: 07	RMKS: TP	RMKS:

Date/ Time	
	SMD 6042P. X ; SLT 3056Y. X
15/08/19	- FILE REQUIRED. OI INVOLVED IN 3 VEH. C.C., OI 2ND CATE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUED. - EMAIL LIABILITY CLEARE
10/11/2020	settled & close (all docs in VIEW).

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:	15/08/19 - VIC

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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P | S$ 9,346.40 (5 days) Reduction: 43.20 % | Email ✓ Call

FINAL SETTLEMENT Date/Time: 10/11/2020 Confirm with NADIA | Email ✓ Call

Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 28 | If NO or B 28, Ass. Lia : 0%

Repair Cost: (w/gst) | S$ 10,000.65 | (3 VEH-C.C.; OI 2ND CATE)

Loss of Rental (LOR): | S$ — (days)

Loss of Use (LOU): | S$ 360.00 ($ 60 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$ 2.00

Medical: | S$ —

Disbursement: | S$ — (e.g. Tow/ Independent)

Legal Cost | S$ —

1) Claim status: Normal / Reject/Private Settle

2) Report Format: TP

3) Survey fee: $ 320.00

Total: S$ 10,362.65 **Global Sum S$:** —

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 10,362.65	Name 1:	PREMIUM AUTOMOBILES PTE LTD.
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—