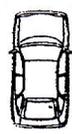


**Express (due on 30/09/19)**  
 To Close within 3 WDs  
 Sent: 26/09/19

15/5/2010  
 INS. CASE OWNER: LEE HING YAO | CC<sup>3</sup> /AIG1901 4431 / R/W

Surveyor: KAGUL | DOI: 26/08/19 | Date / Time: 17/8/19  
 Registered in Merimen: 17/8/19

Pre-assign / CCU / FTE

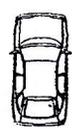


Insured Vehicle No. : SKN 2537G.  
 Name of Insured : MAR KUONG WENG.  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :\$S \_\_\_\_\_ D.O.A: 16/8/19.  
 Is driver the owner? ( YES / NO ) Nature of Accident :

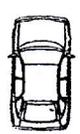
Claim No. : 937AA4145156  
 Policy No. : 200374238.  
 Make / Model : TOYOTA  
 Place of Accident : PIE THOS THAS.

If NO, Driver Name / Age : MAR KIAMHONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (VL: YES / NO ) | Insured Liability : % Final ? Yes / No

NIL → SD 2387X → SKN 2537G → SDF 811Y.



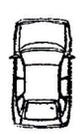
INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS:



INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS:



INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS: 01



INSRS: performance.  
 WSP:  
 Tel:  
 Liability:  
 RMKS: tp

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:	<u>21/08/19-UK</u>
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: PK \$S 2,574.55 ( 3 days) Reduction: 46 % Email  Call

FINAL SETTLEMENT Date/Time: 26/09/19 Confirm with: CALOUNG Email  Call

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

Repair Cost: (w/65) \$S 2,754.77 (8 UPH-C.C.; OI02ND)

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

Loss of Use (LOU): \$S 180.00 (\$60 x 3 days)

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

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

GIA/LTA Search \$S 2.00

Medical: \$S \_\_\_\_\_

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

Legal Cost \$S \_\_\_\_\_

Total: \$S 2,936.77 Global Sum \$S: \_\_\_\_\_

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S 2,936.77 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) \$S \_\_\_\_\_ Name 2: \_\_\_\_\_

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