

INS. CASE OWNER: LOH CHIE HENG

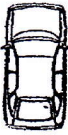
CC3/AIG19014783/Kha3

LKK:

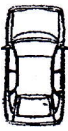
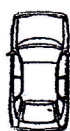
IDAC:

Surveyor: KENNETHDOI: 20/08/2019Date / Time: 20/08/2019Registered in Merimen: 22/08/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH8394BClaim No. : 75474115619GName of Insured : CHUA THIAM SOONPolicy No. : 1900014525Insured Tel No. : _____ HP: +65-96224288Make / Model : HONDA CRVExcess Sec II : \$S\$ _____ D.O.A : 18/08/2019 21:55Place of Accident : PIE TWDS AIRPORT BEFORE THOMSONIs driver the owner? (YES / NO) Nature of Accident : _____If NO, Driver Name / Age : CHUA MING YANG MALCOLMOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : +65-90263722 (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHD 9920UINSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLH 8394B - CC4/ASM19014598/Awa3 ;	DOA: 18/8/19	STAGE
	SHD 9920U - CC3/III18006488/Keb3q2;	DOA: 4/4/18	DATE / PIC
	- CS/FCI17023644/Ktd3n2;	DOA: 10/12/17	Non-Reporting ltr (1st):
	- CC3/AXA16002631/Kza3s2;	DOA: 6/2/16	Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
			After call ltr to OI: <u>26/08/19 - uc</u>
			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:	
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: <u>L16</u>	\$S\$ <u>1,850.00</u> (<u>2</u> days) Reduction: <u>94</u> %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: <u>20/09/19</u>	Confirm with: <u>WAI YIN</u>	Email ☒ Call ☐
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Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>
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Repair Cost: <u>(w/ GST)</u>	\$S\$ <u>1,979.50</u>	<u>(3 VEH. C.C., OLD 2ND)</u>
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Loss of Rental (LOR):	\$S\$ <u>380.16</u> (<u>4</u> days) x <u>\$95.04</u>	
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Loss of Use (LOU):	\$S\$ <u>—</u> (\$ x days)	
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Loss of Income (LOI):	\$S\$ <u>200.00</u> x <u>4</u> days	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
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GIA/LTA Search	\$S\$ <u>7.49</u>	
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Medical:	\$S\$ <u>—</u>	1) Claim status: <u>Normal/Reject/Private Settle</u>
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Disbursement:	\$S\$ <u>—</u> (e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	\$S\$ <u>—</u>	3) Survey fee: <u>\$320.00</u>
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Total:	\$S\$ <u>2,567.15</u>	Global Sum \$S\$: <u>—</u>
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S\$ <u>2,567.15</u>	Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>
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Payee 2: (Strike if N.A.)	\$S\$ <u>—</u>	Name 2: <u>—</u>
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Payee 3: (Strike if N.A.)	\$S\$ <u>—</u>	Name 3: <u>—</u>
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