

Surveyor: Ksc DOI: 979719 Date / Time: 26/08/2019
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SCY 6968B
Name of Insured : TAY LING FONG
Insured Tel No. : _____ HP: +65-96285689
Excess Sec II :S\$ _____ D.O.A : 21/08/2019 19:20

Claim No. : S9M01XZ2
Policy No. : VPA/P1990614
Make / Model : TOYOTA CAMRY-2.0 (A)
Place of Accident : BISHAN RD TOWARDS AMK

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : LEE CHONG SIM

OI GIA REPORT: YES NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-90034578 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGP 6876H



INSRS:
WSP: LHMK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGP 6876H - CC6/AIG13014984/Apa3q2; DOA:5/8/13	Non-Reporting ltr (1st):	
	SCY 6968B - X	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:	☐ ☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: P/P S\$ 1,221.60 (2 days) Reduction: 78.58 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/04/2020 Confirm with JENNY Email ☒ Call ☐

Final Liability: % 100% (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (w/gst) S\$ 1,307.11

Loss of Rental (LOR): S\$ 280.00 (2 days) x \$140.00

Loss of Use (LOU): S\$ - (\$ x days)

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

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$ -

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

Legal Cost S\$ -

Total: S\$ 1,594.56 **Global Sum S\$:** -

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1: S\$ 1,594.56 Name 1: LAI HUAT (MENG KEE) MOTOR PTE LTD

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

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

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$350.00