

15/5/2010

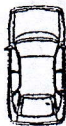
INS. CASE OWNER: LOH CHOE HENG CC 4/AIG1901 6585 / Khb3

LKK:

IDAC:

Surveyor: KENNETH DOI: 24/09/19Date / Time: 19/11/19
Registered in Merimen: 19/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SDZ 80085
 Name of Insured : MO PENG WEONG
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 17/11/19
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : MO WEI LEE STUART
 Driver Tel No. : _____ (VL: YES / NO)

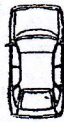
Claim No. : W869674056
 Policy No. : 1A0011684
 Make / Model : BMW
 Place of Accident : BET CARPARK ABOVE KO K BUS STOP
66521

STV 8329R

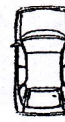
INSRS:
WSP:
Tel:
Liability:
RMKS:

Alan's United

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):	
	Call OI:	
	After call ltr to OI:	<u>23/09/19 - vic</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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L6 S\$ 2,050.00 (3 days) Reduction: 24 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 23/10/19 Confirm with: KENNYEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/acc) S\$ 2,193.50(OLD RATE - ENDED TP)Loss of Rental (LOR): S\$ 100.00 (4 days) x 2500.00Loss of Use (LOU): S\$ — (— x days)Loss of Income (LOI): S\$ — (— x days)LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]GIA/LTA Search S\$ 2.00Medical: S\$ —Disbursement: S\$ — (e.g. Tow/ Independent)Legal Cost S\$ —1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00Total: S\$ 2,595.50Global Sum S\$: —Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 2,595.50

Name 1:

ALAN'S UNITED AUTO PTE LTDPayee 2: (Strike if N.A.) S\$ —

Name 2:

Payee 3: (Strike if N.A.) S\$ —

Name 3: