

Surveyor: XGQ DOI: 31/10/2019 Date / Time: 30/10/2019
Registered in Meritum: _____

Pre-assign / CCU / FTR



Insured Vehicle No. : SBL 1181S
Name of Insured : Dng Pang Lee
Insured Tel No. : _____
Excess Sec II :SS _____ D.O.A : 27/10/2019
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 19/19/19/PO5/022575
Policy No. : _____
Make / Model : _____
Place of Accident : BLK 108 HOUGANG AVE 1 OPEN C/P

If NO, Driver Name / Age : _____ OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLC 752E



INSRS:
WSP: THIAM HENG
Tel: HUAT PTE LTD
Liability : _____
RMKS: _____



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

22/11/19

- FILE EQUIPPED. OI RETURNED TO PARK WHEN HIT BY TP.

28/01/2020

settled & closed (file in drawer).

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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

Repair Cost: 45 S\$ 1,700.00 (2 days) Reduction: 85.14 % Email Call

FINAL SETTLEMENT Date/Time: 26/08/2020 Confirm with STEVEN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 2A If NO or B 28, Ass. Lia : COI RETURNED IN TO PARK

Repair Cost: (w/gst) S\$ 1,819.00

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

Loss of Use (LOU): S\$ 240.00 (\$ 80 x 3 days)

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

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

GIA (TA) Search S\$ 7.45

Medical: S\$ _____

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

Legal Cost S\$ _____

Total: S\$ 2,066.45 Global Sum S\$: 2,050.00

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

Payee 1: S\$ 2,050.00 Name 1: THIAM HENG HUAT PTE LTD

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

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