

Surveyor:

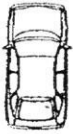
ADRIAN

DOI: 25.10.2019

Date / Time : 25.10.2019

Registered in Merimen: 03.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKQ 9281B

Claim No. :

Name of Insured : CLARENCE CHOONG WYE MUN

Policy No. : 1800116011

Insured Tel No. : HP: 24/10/2019 12:30

Make / Model : MITSUBISHI ECLIPSE CROSS-1.5 CVT

Excess Sec II : S\$

D.O.A : 24/10/2019 12:30

Place of Accident : STILL ROAD / MARINE PARADE ROAD

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : BOEY AH NYA

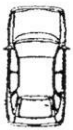
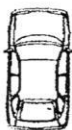
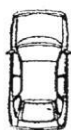
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96735028

(V/L YES / NO)

Insured Liability : % Final ? Yes / No

SMM 1748Y

INSRS:
WSP: GREEN
Tel: FOREST
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	SMM 1748Y - X	SKQ 9281B - X	STAGE	DATE / PIC
13-03-20	BOTH VEHICLES TURNING TOWARDS SAME DIRECTION WITH 2 LANES. THEN BOLA SCENARIO IS APPLIED - 50% LIABILITY.		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)	☐
			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:	S\$ 800.00	(2 days) Reduction: 71 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 19/10/2020	Confirm with: Chris	Email ☒ Call ☐
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Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : conflicting version	If NO or B 28, Ass. Lia :
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Repair Cost:	\$856.00	S\$ 428.00	
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Loss of Rental (LOR):	S\$ -	(days)	
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Loss of Use (LOU):	\$140	S\$ 70.00 (\$ 70 x 2 days)	
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Loss of Income (LOI):	S\$ -	(\$ x days)	
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
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GIA/LTA Search	S\$ 7.45		
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Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	S\$ -		3) Survey fee: \$320
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Total:	S\$ 505.45	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 505.45	Name 1: Green Forest Automobile Pte Ltd	
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Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
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Payee 3: (Strike if N.A.)	S\$ -	Name 3:	
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