

INS. CASE OWNER:

Bernard Ler

CC6/AIG19019544/Aha3 S2

LKK:

IDAC:

Surveyor:

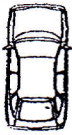
ADRIAN

DOI: 04.11.2019

Date / Time : 04.11.2019

Registered in Merimen: 05.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 667E
 Name of Insured : ANG CHEE TENG
 Insured Tel No. : HP: +65-96210988
 Excess Sec II : S\$ D.O.A : 03.11.2019
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 8699927465SG
 Policy No. :
 Make / Model : MAZDA CX-5-2.0 (A)
 Place of Accident : CTE ANG MO KIO NORTH FLYOVER

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

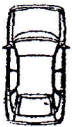
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SMH 667E

SLQ 4820S

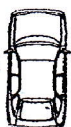
SJL 7580P



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLQ 4820S - X	SMH 667E - X	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:	13/11/19 - JIC
			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:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	U6	S\$ 15,600.00	(14 days)	Reduction:	52 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:		Email ☒ Call ☐	
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S\$	15,600.00	(3 Veh. C.O.C., 01 Ltr)			
Loss of Rental (LOR):	S\$	—	(days)			
Loss of Use (LOU):	S\$	960.00	(\$ 60 x 16 days)			
Loss of Income (LOI):	S\$	—	(\$ x days)			
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$	—				
Medical:	S\$	—				
Disbursement:	S\$	—	(e.g. Tow/ Independent)			
Legal Cost	S\$	—				
Total:	S\$	16,560.00	Global Sum S\$:			
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1:	S\$	16,560.00	Name 1:	SM AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—		
Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—		