

INS. CASE OWNER: **Lionel Tan**

CC4/FWD19021026/Apa3

LKK:

IDAC:

Surveyor: **ADRIAN** DOI: **27/11/2019**Date / Time : **27.11.2019**Registered in Merimen: **27.11.2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLG 8997S**Claim No. : **1201900036833**Name of Insured : **CHIA HAI POH**Policy No. : **PNPV2018-00016704**Insured Tel No. : **HP: +65-97596506**Make / Model : **MERCEDES-BENZ E200K**Excess Sec II :S\$ **D.O.A : 26/11/2019 01:05**Place of Accident : **AIRPORT BLVD**Is driver the owner? (YES / **NO**) Nature of Accident :If NO, Driver Name / Age : **SAMUEL CHIA WEI HAN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-92362269** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SLD 3294K**INSRS:
WSP: **N-51**

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	SLD 3294K - X	
	SLG 8997S - CC4/FWD19020992/Upa3; DOA: 26.11.19	
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum S\$ 4,100.00 (5 days) Reduction: 48 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 02/11/2020 Confirm with: hui Xin		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST S\$ 4,387.00		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 420.00 (\$ 60 x 7 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost S\$		3) Survey fee:
Total: S\$ 4,814.45 Global Sum S\$: 4,800.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 4,800.00 Name 1: N-51 Automotive Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		