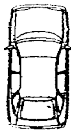


Surveyor: MRB DOI: 08/01/2020 Date / Time : 03/01/2020
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 7723B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

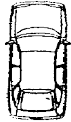
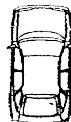
Excess Sec II :\$S\$ D.O.A : 22/12/2019Place of Accident : **TELOK BLANGAH ROAD BEF
SENTOSA GATEWAY JUNCT**

Is driver the owner? (YES / NO) Nature of Accident : _____

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****SLL 4173C** →
 INSRs: **TP**
 WSP: **SNG AH TEE**
 Tel : _____
 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
			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:	L/S	S\$ 2450.00	(4 days) Reduction: 2322.81	% 49 Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>01/04/2020</u> Confirm with: <u>SHARON</u> Email ☒ Call ☐				
Final Liability:	%	50	(Agreed / Assessed) BOLA S/N No. : 19	If NO or B 28, Ass. Lia :
Repair Cost:	2621.50	S\$	1310.75 W/GST	
Loss of Rental (LOR):	S\$		(days)	
Loss of Use (LOU):	200.00	S\$	100.00 (\$ 50 x 4 days)	
Loss of Income (LOI):	S\$		(\$ x days)	
LOR only ☐ LOU only ☒			LOR + LOU ☐ LOR + LOI ☐ [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: TP
Legal Cost	S\$			3) Survey fee: \$350.00
Total:	S\$	1418.20	Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1:	S\$	1,418.20	Name 1:	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	