INS. CASE OWNER		CC 4/A1 9 2000	1 24050	K 133 IDAC:		
110. 01000 0 111000				(bs3		
Complete	Kenneth		2020	Date / Time: 57	2020	
Surveyor:	MC111CAVI			Registered in Merimen:	8/2/2020	
Pre-assign / CCU	FTE			Registered in Westmen.		
Insured Vehicle No	SDJ 228	K	Claim No.			
***						
Name of Insured			Policy No.	·		
Insured Tel No.	1 1 2 2 2 2 2 2 2	HP:	Make / Model			
Excess Sec II :SS		D.O.A: 77 1 2020	Place of Accid	lent:		
Is driver the owner	( YES / NO )	Nature of Accident :				
If NO, Driver Nam	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPO	ORT: YES / NO	
Driver Tel 1		(V/L: YES / NO)	Insured Liabil	ity: % Final? Yes/No		
SCL 361J			10-17-09			
30000			-			
INSRS:	INSRS		INSRS:	INSI WSF		
WSP: Guan M	otor WSP:		WSP: Tel:	Tel:		
Liability:	Liabilit	ty:	Liability:	Liab	ility:	
RMKS:	RMKS		RMKS:	RMI	KS:	
Date/ Time						
	SCL3613:X		101	STAGE	DATE / PIC	
	SDJ 228K: (8/6	01/3017546 UVM36:	3; DOA: 17/9/13	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: H	Handler Typist	
				Notification ltr (if non-pickup)		
				After call ltr to OI:	$\checkmark$	
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:  Car Rental Invoice:	V	
				Towing Invoice		
				LTA / GIA :		
21/05/2021	SETTLED AND C	CLOSED / FILE IN D	RAWER	Medical Bill:		
			Z. Jack tele	PIR:		
				Mandate/Reject Instruction:	V	
				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Form: Post-Repair Photos:		
TABLET TABLE	Date Time.	Bolle Dy.	- , -1 71 - 71	Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost: L/S	s\$ 17,550.00(	7 days) Reduction: 43.6	62 %	Email	Call	
FINAL SETTLEMENT	Date/Time: 21/05/2021	Confirm with PHANG		Email Call		
Final Liability:	% 100 (Agreed)	/ Assessed) BOLA S/N No.:	5	If NO or B 28, Ass. Lia:		
Repair Cost: Loss of Rental (LOR):	ss 17,550.00 ss	dave)				
Loss of Use (LOU):	ss1,050.00(s150 x	days) 7 days)	7-1-7-1			
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only	LOR + LOU L	OR + LOI Tick only o	ne]			
GIA/LTA Search	S\$			1) (1) 1 17 17 17	at/Dairenta Cattle	
Medical:	S\$	(a a Taur/Indon	lent \	Claim status: Normal/Reject     Report Format: TP		
Disbursement: Legal Cost	S\$	(e.g. Tow/ Independ	iont )	3) Survey fee:	\$320.00	
Total:	ss18,600.00	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	ss18,600.00	Name 1: Guan V	otor Wo	orks		
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				