

Surveyor: XGQ DOI: 6/2/2020 Date / Time: 6/2/2020
Registered in Merimen: 6/2/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SBN 545Y Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 14/1/2020 Place of Accident : _____
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

SLJ 2961T

INSRS: WSP: 6 Speed Autowerkz INSRS: WSP: _____
Tel: _____ Tel: _____
Liability: _____ Liability: _____
RMKS: _____ 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 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:	☐

26/07/2021 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/S S\$ 900.00 (3 days) Reduction: 81.55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/07/2021 Confirm with Sun Sun Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ 900.00
Loss of Rental (LOR): S\$ 300.00 (3 days) X \$100.00
Loss of Use (LOU): S\$ (\$ x 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\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____
Total: S\$ 1,207.45 Global Sum S\$: 1,200.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐
Payee 1: S\$ 1,200.00 Name 1: 6 Speed Autowerkz Pte Ltd
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____