

INS. CASE OWNER: SUAIMI

CC 6 / ALG 2000 3920 / A b c 3

Surveyor: Adrian DOI: 11/3/2020

Date / Time: 11/3/2020
Registered in Merimen: 12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 5070 X
Name of Insured : Wee Liang Hwee
Insured Tel No. : _____ HP: _____
Excess Sec II : SS _____ D.O.A: 6/3/2020
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 532300567956
Policy No. : _____
Make / Model : _____
Place of Accident : _____

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

SLL541A



INSRS: _____
WSP: 1st Autoworks
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
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INSRS: _____
WSP: _____
Tel: _____
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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: <u>21/03/2020 - JIC</u>	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA (GIA):	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: R/P S\$ 7,911.30 (3 days) Reduction: 66.60 % Email Call

FINAL SETTLEMENT Date/Time: 12/10/2020 Confirm with SUAIMI Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 283 If NO or B 28, Ass. Lia : 100%

Repair Cost: (WGS) S\$ 8,529.24 (OI LIKELY LIABLE TO 2 TP)

Loss of Rental (LOR): S\$ - (_____ days)

Loss of Use (LOU): S\$ 210.00 (\$ 70 x 3 days)

Loss of Income (LOI): S\$ - (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 8,741.24 Global Sum S\$: 8,700.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 8,700.00 Name 1: 1ST AUTOWORKS PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -

COPY SENT
14/10/2020