Serveyor	15/5/2010		CC4/AIC2000E022/KB/			\2 \ 2	LKK:		
Dote Dote Dote Dote Time Registered in Merimon Registered in Mer		INS. CASE OWNER:				43QZ	IDAC:		
Name of Insured Vehick No.				· · · · · · · · · · · · · · · · · · ·					
Transet Vehicle No. SKK 6858P Claim No. 3271289950SG		Surveyor:		DOI:		Date / Time :			
Name of Insured Policy No.		Pre-assign / CCU	/FTE			Registered in Merimen:			
Insured Tel No. Implement Insured Tel No. Implement Insured Tel No. Insured Tel Tel No. Insured Tel No. Insured Tel No. Insured Tel No.		Insured Vehicle No. : SKK 6858		P	Claim No.	3271289950SG			
Excess Sec II - SS D.O.A. 25/02/2020 Place of Accident :		Name of Insured	:		Policy No.	:		-	
Excess Sec II - SS D.O.A. 25/02/2020 Place of Accident :		Insured Tel No.	:	HP:	Make / Model	:			
Is driver the owner				D.O.A :25/02/2020					
If No. Driver Name / Age :		Is driver the owner							
Driver Tel No. (V/L: YES / NO) Insured Liability % Final ? Yes / No		If NO. Driver Nan	•		OI GIA REPO	RT: YES / NO : TP	GIA REPORT: YES / N	0	
INSRS: WSP: Tel: Liability: Tel: Tel: Liability: Tel: Tel: Tel: Liability: Tel:			_	(V/L: YES / NO)					
WSP: Tel: Liability: RMKS:		SDM 601	<u>1M</u> —→				-	_	
STAGE DATE / PIC Non-Reporting lir (1st): Non-Reporting lir (1st):		. WSP: Tel : Liability :	WSP: Tel : Liabilit	y:	WSP: Tel : Liability :		WSP: Tel : Liability :		
Non-Reporting It (1st): Non-Reporting It (2st): Non-Reporting It (1st): Non-Reporting It		Date/ Time				an. an			
Non-Reporting Its (Table)								IC	
Notification Itr (if non-pickup): Call O!: After call Inr to O!: Documentation Check List: Handler Typist						Non-Reporting ltr (2	2nd):		
After call lir to Ol: Documentation Check List: Handler Typist									
Documentation Check List: Handler Typist Notification Itr (if non-pickup) Affect a fill fro to									
Notification tr (if non-pickup)							ack List: Handler Tv	niet	
Authorisation To Act:						-			
Release Voucher:						After call ltr to OI:	$\overline{\nabla}$		
Time Payment Breakdown Form: Payment Breakdown Form:							t: V		
Car Rental Invoice:						†			
14/10/2020 SETTLED AND CLOSED / NO PHY FILE Towing Invoice							T T		
Medical Bill: PIR: Mandate/Reject Instruction: PIR: Mandate/Reject Instruction: PIR: Mandate/Reject Instruction: PIR: DIA Payment Breakdown Form: Paymen	14	4/10/2020	SETTLED AND	D CLOSED / NO	PHY FILE				
PIR:						-			
DOD Payment Breakdown Form: PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Dithers: Confirm with: Confirm by:								\vdash	
Payment Breakdown Form:						Mandate/Reject In	struction:		
PRELIMINARY ADVICE									
Others:	PRELIV	MINARY ADVICE	Date/Time:	Sent By:		•			
Repair Cost: L/S S\$ 2,700.00 (2 days) Reduction: 85.88 Email				, , , , , , , , , , , , , , , , , , ,					
FINAL SETTLEMENT						Confirm by:		1	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :	Repair Co				8 %	F 7 7 C 1	Email Call L		
Repair Cost: (W/GST) S\$ 2,889.00 Loss of Rental (LOR)(W/GST) S\$ 577.80 (3 days) X \$180.00 OID hit stationary TP					23		 s. Lia :		
Loss of Use (LOU): S\$ (\$ x days) Loss of Income (LOI): S\$ (\$ x days) LOR only \(\bar{V} \) LOU only \(\bar{L} \) LOR + LOU \(\bar{L} \) LOR + LOI \(\bar{L} \) [Tick only one] GIA/LTA Search \(S\$ 29.00 \) Medical: S\$ 1) Claim status: \(\bar{Normal}/\text{Reject/Private Settle} \) Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP Legal Cost S\$ 3,495.80 Global Sum S\$:3,400.00 FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: S\$ 3,400.00 Name 1: MBM Wheelpower Pte Ltd	Repair Cost: (W/GST) S\$		\$ 2,889.00						
Loss of Income (LOI): S\$ (\$ x days) LOR + LOU LOR + LOI [Tick only one] LOR only LOU only LOR + LOI LOR + LOI [Tick only one] Income (LOI): S\$ 29.00 Income (LOI):			7. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.			OID hit stationary TP			
LOR only V LOU only LOR + LOU LOR + LOI [Tick only one]			·	• '					
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: \$320.00 Total: S\$ 3,495.80 Global Sum S\$:3,400.00 Email Call FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: S\$ 3,400.00 Name 1: MBM Wheelpower Pte Ltd			LOR + LOU L		ne]			-	
Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP Legal Cost S\$ 3) Survey fee: \$320.00 Total: S\$ 3,495.80 Global Sum S\$:3,400.00 FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: S\$ 3,400.00 Name 1: MBM Wheelpower Pte Ltd	_					1) 61 1	10.1.00101		
Legal Cost S\$ 3) Survey fee: \$320.00 Total: \$\$3,495.80 Global Sum \$\$:3,400.00 FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: \$\$3,400.00 Name 1: MBM Wheelpower Pte Ltd				(e.σ. Tow/ Independent)					
FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: S\$ 3,400.00 Name 1: MBM Wheelpower Pte Ltd	Legal Co		S\$					-	
Payee 1: S\$ 3,400.00 Name 1: MBM Wheelpower Pte Ltd	Total:				00				
		PAYMENT			oolpower F				
		(Strike if N.A.)	ss 3,400.00 ss	Name 1: IVIDIVI VVIII Name 2:	zeipowei F	IC LIU			

S\$

Name 3:

Payee 3: (Strike if N.A.)