10	10	/20	L I	n

INS. CASE OWNER:

S\$

S\$

S\$

S\$

S\$

ss 2,907.49

s\$ 2,907.49

Date/Time:

Medical:

Legal Cost

Total:

Payee 1:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

CC 4 /AIG 2000 6014

2) Report Format: TP

3) Survey fee:

ComfortDelGro Engineering Pte Ltd

\$320.00

LKK: IDAC:

Pre-assign / CCU / FTE Insured Vehicle No. : EX 2628R Claim No. : Name of Insured : PHUA ENG HAI Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :SS D.O.A: 28/05/2020 Place 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 SHD 4626C INSRS: WSP: WSP: WSP: Tel: Liability: Liability: Liability: Liability: RMKS: RMKS: RMKS: Date/ Time SHD 4626C : CS/FCI17002654/R1qh3m2; DOA: 01/02/2017 STACE DATE / PIC Non-Reporting Itr (Inst): Non-Reporti	Surveyor:	RAM DOI: <u>ASSIGNME</u> 29/05/202	20	Date / Time : 28/0	05/2020		
Insured Vehicle No. :	34.75,01.						
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Final Repair Bill:						1	
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Medical Bill:				Medical Bill:]	
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Mandate/Reject Instruction:				Mandate/Reject Instruct	tion:		
LOD							
Payment Breakdown Form:					orm:		
PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos:	PRELIMINARY ADVICE	Date/Time: Sent By:					
Others:							
FINALIZATION Date/Time: Confirm with: Confirm by:							
Repair Cost: L/sum S\$ 2,500.00 (3 days) Reduction: 29 % Email Call			%		III Call		
FINAL SETTLEMENT Date/Time: 20/03/2021 Confirm with Kazali Email Call							
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :				II NO or B 28, Ass. Lia	<u> </u>		
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Loss of Rental (LOR): S\$ (days)							
Loss of Use (LOU): S\$ (\$ x days)							
Loss of Income (LOI): S\$ 225.00 (\$ 4.5 x 50 days) LOR only LOU only LOR + LOU Tick only one]							
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(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3: