

| 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GLA : | <input type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |

| | | | | | |
|---------------------------|------------|----------|---------------------|--------------------------|--------------------------|
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---------------------|--------------|-------------------------------------|--|
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: P/P | S\$ 3,634.98 | (3 days) Reduction: 13,552.92/79 % | Email <input type="checkbox"/> Call <input type="checkbox"/> |

| | | | |
|--|-----------------------------------|------------------------------------|---|
| FINAL SETTLEMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: 100 | % 50 | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: 3,889.43 | S\$ 1,944.72 | | |
| Loss of Rental (LOR): 535 | S\$ 267.50 | (4 days) X \$133.75 | |
| Loss of Use (LOU): | S\$ (\$ x days) | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [Tick only one] |
| GIA/LTA Search 6.00 | S\$ 6.00 | | |
| Medical: | S\$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | 2) Report Format: |
| Legal Cost | S\$ | | 3) Survey fee: |
| Total: | 4,430.43 S\$ 2,218.22 | Global Sum S\$: 2,218.00 | |

| | | | |
|---------------------------|------------|---------------|--|
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | |