

15/5/2010

INS. CASE OWNER: KHOR Saw Theng

CC4/ASM20010676/Aps3

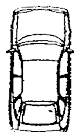
LKK:

183331

IDAC:

Surveyor: Adrian DOI: 06/10/2020Date / Time : 05/10/2020Registered in Merimen: —

Pre-assign / CCU / FTE



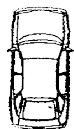
Insured Vehicle No. : SML 7305H  
 Name of Insured : THOMAS MICHAEL MUMMERT  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$                      D.O.A : 01/10/2020  
 Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

Claim No. : S0M02UKX  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

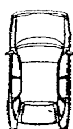
If NO, Driver Name / Age :

Driver Tel No. :

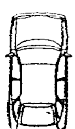
(V/L: YES / NO )

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**GBG 8600E

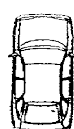
INSRS:  
WSP: SK AUTOMOBILE  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          | GBG 8600E : X ; SML 7305H : X          | 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:                                                   |                                                   |
| 15/12/2020                                                                                                                                                          | Pls refer to VIEWS for details.        | <b>Documentation Check List:</b>                                        | <b>Handler    Typist</b>                          |
|                                                                                                                                                                     |                                        | 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 / GIA :                                                             | <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"/> |
|                                                                                                                                                                     |                                        | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                     |                                        | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                                                                                           |                                        |                                                                         |                                                   |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____                                                                                          |                                        |                                                                         |                                                   |
| Repair Cost: <u>L/sum</u> S\$ <u>3,400.00</u> ( <u>5</u> days) Reduction: <u>74</u> %                                                                               |                                        | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>15/12/2020</u> Confirm with: <u>Huey Lee</u>                                                                                  |                                        | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability: % <u>90</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>                                                                                           |                                        | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <u>3,638.00</u> S\$ <u>3,274.20</u>                                                                                                                    |                                        |                                                                         |                                                   |
| Loss of Rental (LOR) <u>642.00</u> S\$ <u>577.80</u> ( <u>6</u> days) x \$100.00                                                                                    |                                        |                                                                         |                                                   |
| 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 + LO <input type="checkbox"/> [Tick only one] |                                        |                                                                         |                                                   |
| GIA/LTA Search S\$ <u>2.00</u>                                                                                                                                      |                                        |                                                                         |                                                   |
| Medical: S\$                                                                                                                                                        |                                        | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                          |                                        | 2) Report Format: <u>TP</u>                                             |                                                   |
| Legal Cost S\$                                                                                                                                                      |                                        | 3) Survey fee: <u>\$350.00</u>                                          |                                                   |
| <b>Total:</b> S\$ <u>3,854.00</u>                                                                                                                                   | <b>Global Sum S\$:</b> <u>3,850.00</u> |                                                                         |                                                   |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                   |                                        |                                                                         |                                                   |
| Payee 1: S\$ <u>3,850.00</u>                                                                                                                                        | Name 1: <u>SK AUTOMOBILE PTE LTD</u>   |                                                                         |                                                   |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                       | Name 2:                                |                                                                         |                                                   |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                       | Name 3:                                |                                                                         |                                                   |